DOCUMENT # M21948 ** Entity Name HOWARD P. ALTERMAN, P.A.				FILED Feb 15, 2000 8:00 am Secretary of State 02-15-2000 90039 013 ***150.00	
Principal Place of Business		Mailing Address			
701 SE 6TH AVE		701 SE 6TH AVE 200			
.200 DELRAY BEACH FL 33483 US		DELRAY BEACH FL 33483-5186		usta atau a da a da a da a da a da a da a	r con de la constant de la constant La constant de la constant de
2. Principal Place of Business		3. Mailing Address			<u>. 1811 81811 81811 81811 81811 81811 81811 1881</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRI	TE IN THIS SPACE
City & State		City & State		4. FEI Number 59-258749	I Inot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. .	Name and Address of Current I	Registered Agent	Name	7. Name and Address of New F	registered Agent
ALTERMAI 701 SE 61 SUITE 200		·* •*/ ·>		(P.O. Box Number is Not Acceptable	e)
DELRAY BEACH FL 33483			City		FL Zip Code
8. The above name	d entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Flo	orida.
SIGNATURE	re, typed or printed name of registered agent a	ind title if applicable (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE
·	is eligible to satisfy its Intangible ment and elects to do so. back)	After MAY 1, 200	! FEE IS \$150.00 10 Fee will be \$550.00 e to Department of St		
11.	OFFICERS AND	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS (N 11 Change Addition
NAME ALT STREET ADDRESS 701	ERMAN, HOWARD P. SE 6TH AVE., SUITE 200 RAY BEACH FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		_ outgo
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP			TITLE		☐ Change ☐ Addition
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indicated on thi of the corporati changed, or on	is report or supplemental report is on or the receiver or trustee empor an attachment with an addless,			Section 119.07(3)(i), Florida Statutes e same legal effect as if made under 07, Florida Statutes; and that my nar	
SIGNATUR	SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #