## M64798

(Address)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  (Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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07 JAN 10 PM 12: 47
DEPARTICAT OF STATE
DIVISION OF CORPORATION
TALL AHASSEF FE ORIDA

RECEIVED

AL POOR



IUM BENTICE CUMPANT	•				
	ACCOUNT NO.	:	072100000	032	
	REFERENCE	:	637508	7478467	
	AUTHORIZATION	: (			
	COST LIMIT	0	35.00	na .	
ORDER DATE :	December 4, 2006				
ORDER TIME :	11:07 AM				
ORDER NO. :	637508-020				
CUSTOMER NO:	7478467				
	<b></b>				
	CHANGE OF AC	3EN'	<u>r</u>		
NAME:	AUTOMATED MERGINC.	CHAI	NT SERVICE	5,	
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:	
	IED COPY STAMPED COPY				
CONTACT PERSON	: Doreen Wallace	e –	- EXT# 292	3	

EXAMINER:

## $\dot{}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	Pursuant to the provisions of se statement of change is submitted in order to change its r	l for a corporati	on organizea	under the la	iws of the S	tate of _	Florida	this
>			_	•		iuie oj r	ioriuu.	
•	<ol> <li>The name of the corporation:</li> <li>The principal office address:</li> </ol>	2500 North Milit	tary Trail Sui	te 450 Boca	Raton FL 3	33431	#S	<b>18</b>
	2. The principal office address:_	2500 110141 14111	tary Train, 54.	10 430, Boca	ration, i D .		FER PER	JAN .
	3. The mailing address (if differ	ent):					HASSEE	10 PH
	4. Date of incorporation/qualific	ation: January 1	4, 1988	_ Document	number: _	M64798	10	C F.
	5. The name and street address of Florida Department of State:	of the current reg	gistered agen				<u> </u>	mi (A)
	Bryan Facterma	an					_	
	1624 NE 8 Stre	et						
	Ft. Lauderdale,	, FL 33304					<del>-</del>	
	6. The name and street address (if changed):	of the new regist	ered agent (i	f changed) ai	nd /or regis	tered off	īce	
	Corporation Se	rvice Company					_	
	1201 Hays Stre						_	
		(P.O. Box NO	Γ acceptable)					
	Tallahassee, FI						_	
] 2	The street address of its register as changed will be identical.	red office and t	he street add	ress of the b	ousiness of	fice of it	ts registe	red agent
	Such change was authorized by authorized by the board, or the		y adopted by s been notific	its board of ed in writing	f directors g of the cha	or by an inge.		
	(Signature of an officer of di	rector		1aureen Culle	en, Attorney		ntle)	<del></del>
	I hereby accept the appointment of my duties, and I am familiar document is being filed merely corporation has been notified in	nt as registered the provisions of with and accep to reflect a cha in writing of this	agent and a of all statutes of the obliga- inge in the re s change.	•	• •		-	erformanc Or, if thi m that the
		<sup>19</sup> . 6	)_	ب	In u	8 3	007	
	By: Corporation Service Compared Service Compared Signature of Registered	Agent)	<del>)</del> -		(Date	<u>()</u>		
	By: Michelle R		<del>)</del> -		(Date	)		
	By: While R (Signature of Registered	y:	<del>)</del> -		(Date	)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314