N0300000037

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SECRETARY OF STATE OF CORPORATION:
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COVER LETTER

Amendment Section

Division of Corporations
SUBJECT: HOLLYWOOD, FLORIDA SISTER CITIES, INFERMATIONAL, INC.
DOCUMENT NUMBER: NO300000037
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PHILIP M. CASO (Name of Contact Person)
HOLLY WOODD, FLORIDA SISTER CITIES (Firm/Company)
1410 Dioloma + PKux, (Address)
Holly word FL 33019-2230 (City/State and Zip Code)
For further information concerning this matter, please call:
PHILIP CASO at (305) 933-625 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORID H
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Hollywood, Floridg Sofer Cities htknational, be
2. The principal office address: 40 Keith Wasserstrom, Esq. 1909 Txler St., PH, Hollmood, FL 33020
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/2/03 Document number: N03000000037
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
PHILIP M. CASO
19495 Biscarne Brd. Stc 700
Average FL 33/80 6. The name and street address of the new registered agent (if changed) and /or registered office
(II changed):
Keith Wasserstrom
1909 Tyle Street - PH (P.O. Box NOT socceptable)
Hollywood, FL 33020
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) PHILIP M. CASS SECX. Director (Printed or typed name and tiple)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Yest We Gignature of Registered Agent) G/19/0C (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)