N05000005405

Glazer & Associates, P.A. (Requestor's Name)					
Dre Emerald Place					
31/3 Stirling Road, Ste. 20 (Address)					
Hollywood, A 33312 (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE
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MAchanse News 8,31-10

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

statement of che	ange is submitted for a co	orporation organize	607,1508, or 617,1508, Flo d under the laws of the Sta	te of FLORIDA	
			d agent, or both, in the Sta	·	
	•		IINIUM ASSOCIAT EET, UNIT E-1, HOLL		
z. The principal	office address: 2000 b	, tortoon on the	<u> </u>	. 1 W O O D, 1 L 00020	
3. The mailing a	address (if different): P.	O.BOX 222382,	HOLLYWOOD, FLO	RIDA 33022	
4. Date of incor	poration/qualification:	5/24/2005	Document number:	N05000005405	
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)					
	HOWITT, STUAR				
	333 W COMMERCIAL BLVD SUITE 110				
	FORT LAUDERDA	LE, FLORIDA	33309	LLLARE AND	
6. The name and (if changed):	d street address of the new	w registered agent (i	if changed) and /or register		
	GLAZER & ASSO	CIATES, P.A.		A 11: 46 A II: 46	
	3113 STIRLING ROAD SUITE 201				
P.O. Box NOT acceptable HOLLYWOOD, FLORIDA 33312					
The street addras changed will	ess of its registered offic be identical.	e and the street add	dress of the business offic	e of its registered agent,	
Such change w authorized by t	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	by an officer so	
Signatu	ire or any officer or director		Glenny James	5. President	
I hereby accept I further agree of my duties, ar decument is be eorporation ha	the appointment as reg to comply with the provi ad I am familiar with an ine fited merely to refle is been notified in writh	istered agent and a isions of all statute d accept the obliga t a change in the r g of this change.	gree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, l	ty, id complete performance vistered agent. Or, if this I hereby confirm that the	
Sig	nature of Registered Agent	test.	8/19/20 Date	010	
If signing on be	chalf of an entity:				
ERIO	C M. GLAZER, ESQ				

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name