N0600003438

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Decument Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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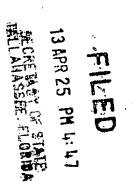
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T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: VERAND

N0600003438 DOCUMENT NUMBER:

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:

Name of Contact Person

ANG MAN AGEMENT

21045 COMMERCIAL TRAIL

KATON FL 33486 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATHIEU at (561) 750-8800

Ontact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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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 in order to change its registered office or registered agent, or both, in the State of Florida.
Λ. Α
2. The principal office address: 9700 RESERVE BUD
PORT ST. WCIE, FL 34986
3. The mailing address (if different):
4. Date of incorporation/qualification: 1200 Document number: NO600003438
5. 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)
DEAN MEAD SERVICES, UC
800 N. MAGNOLIA AVE, STE 1500,
CRLANDO, FL. 32803
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
WILLIAM K. ISAACSON
21045 Commercial TRAIL
P.O. Box NOT acceptable
13 OCA RATON, FL 33486
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.
Advert 2 Transcention ACBERT L From DIRSEC Printed or typed name and title
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.
Signature of Registered Agent
Signature of Registered Figure 1
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 (03/12)