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VIA UNITED PARCEL SERVICE

April 29, 2009

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Change of Registered Agent

To Whom It May Concern:

Attached you will find several requests for a change of registered agent. Additionally, you will find checks that accompany the requests. Please contact me directly with any questions.

Sincerely,



Amalia Papadimitriou, Esq.
Division Counsel

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Commodo at Oral Master Association, Inc.
2. The principal office address: 1245 S. Military Trail, #100
Deerfield Beach, FL 33442
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/1/07 Document number: NO7000002182

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Becker + Oliakoff
311 Stirling Road
Hollywood, FL 33312

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Brough, Chadrow & Levine, P.A.
1900 N. Commerce Parkway
(P.O. Box NOT acceptable)
Weston, FL 33326

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.

A. B.
(Signature of an officer or director)

Amalia Papadimitriou
(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.

Michael S. Chadrow
(Signature of Registered Agent)

4-16-09
(Date)

If signing on behalf of an entity:

MICHAEL S. CHADROW, ESQ.
(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

FILED
09 APR 30 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA