## N1400005707

| (Re                     | questor's Name)   |             |
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| . (Ad                   | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
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SECRETARY OF STATE TALLAHASSEE TLORIDA

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## **COVER LETTER**

| TO: Amendmen         | nt Section  |  |
|----------------------|---|--|
| Division o           | f Corporations  |  |
|                      | singhe Vascular Research and I                              |  |
|                      | Name of Co<br>N1400005707                                   | rporation  |
| DOCUMENT NU          |   |  |
| The enclosed State   | ment of Change of Registered Office,                        | Agent and fee are submitted for filing.                    |
| Please return all co | orrespondence concerning this matter                        | to the following:  |
| ,                    | Ariel Enisman   |  |
| -                    | Name of Cont  | act Person   |
|                      | The Presser Law Firm, P.A.                                  |  |
|                      | Firm/Con  | 2000   |
| ,                    | 3199 North Federal Highway                                  | прапу  |
| <b>`</b>             | ,   |  |
|                      | Addre   | ess  |
|                      | Boca Raton, FL 33487  |  |
|                      | City/State and  | Zip Code   |
| ,                    | AE@AssetProtectionAttorneys.o                               | com  |
| _                    | E-mail address: (to be used for fur                         | ture annual report notification)                           |
| For further informa  | ation concerning this matter, please ca                     | ıll:   |
| Ariel Enisman        | -   | 561 953-1050   |
| Nar                  | me of Contact Person  | at () Area Code & Daytime Telephone Number                 |
|                      |   | •  |
| Enclosed is a \$35.0 | 00 check made payable to the Departn                        | nent of State.   |
|                      | Mailing Address: Amendment Section Division of Corporations | Street Address: Amendment Section Division of Corporations |
|                      | P.O. Box 6327<br>Tallahassee, FL 32314                      | Clifton Building 2661 Executive Center Circle              |

Tallahassee, FL 32301

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

| statement of che   | ange is submitted for a corporation organ   | 2, 607.1508, or 617.1508, Florida Statutes, t<br>ized under the laws of the State of Floci<br>ered agent, or both, in the State of Florida.  |                        | •   |
|--|---|--|------------------------|-----|
| 1. The name of   | Rajasinghe Vascular   | Research and Education Foundation  | on, Inc.               |     |
|  | office address: 2450 Goodlette Road   | J North, Suite 102   |                        |     |
| 3. The mailing   | address (if different):   |  |                        |     |
| 4. Date of incor   | poration/qualification:   | Document number:   | 7                      |     |
|  | d street address of the current registered a rtment of State: (If resigned, enter resigne Hillel L. Presser & Associates, P.  | •  |                        |     |
|  | 800 Fairway Drive, Suite 340  |  |                        |     |
|  | Deerfield Beach, FL 33441   |  | ΤΑΙ<br>15              | 1.0 |
| 6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):  The Presser Law Firm, P.A. |   | nt (if changed) and /or registered office  | ALLAHASSE<br>15 JUL 13 |     |
|  | 6199 North Federal Highway  |  |                        | í   |
|  | P.O. Box NOT Boca Raton, FL   | acceptable   | ©                      |     |
| The street addr  | ess of its registered office and the street   | address of the business office of its register   | red agent,             |     |
| ( )  | /   | by its board of directors or by an officer so  |                        |     |
| 1 Air  |   | Hiranya Rajasinghe, President  |                        |     |
| I hareby accept<br>I further agree<br>performance of<br>agent. Or, if the  | the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in | Printed or typed name and title d agree to act in this capacity ttes relative to the proper and complete ccept the obligation of my position as regis ect a change in the registered office address in writing of this change. | tered<br>s, I          |     |
| MM   | // //   | 7/6/10   |                        |     |
| _  | grature of Registered Agent   | Date   |                        |     |
| Hillel L.  | Presser President  Syped or Printed Name  |  |                        |     |

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