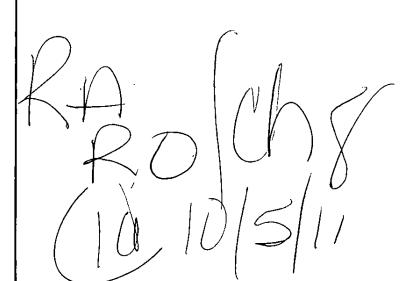
| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Address)                               |                   |             |  |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Business Entity Name)                  |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificate:    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
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Office Use Only



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## **COVER LETTER**

| eld, Inc.                                      |  |  |  |  |  |
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| and fee are submitted for filing.              |  |  |  |  |  |
| ollowing:                                      |  |  |  |  |  |
|  |  |  |  |  |  |
| Esq.   |  |  |  |  |  |
| Randali K. Roger, Esq.  Name of Contact Person |  |  |  |  |  |
| •  |  |  |  |  |  |
| ciates, P.A.                                   |  |  |  |  |  |
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|  |  |  |  |  |  |
| 621 NW 53rd Street, Suite 300 Address          |  |  |  |  |  |
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|  |  |  |  |  |  |
| 3487   |  |  |  |  |  |
| City/State and Zip Code                        |  |  |  |  |  |
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| nual report notification)                      |  |  |  |  |  |
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| 561 000 5500                                   |  |  |  |  |  |
| rea Code & Daytime Telephone Number            |  |  |  |  |  |
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| Street Address:                                |  |  |  |  |  |
| Amendment Section                              |  |  |  |  |  |
| Division of Corporations                       |  |  |  |  |  |
| Clifton Building                               |  |  |  |  |  |
| Clifton Building 2661 Executive Center Circle  |  |  |  |  |  |
|  |  |  |  |  |  |

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

|                                   | -  | 0502, 617.0502, 607.1508, or   |  | atutes, this      |
|-----------------------------------|--|--|--|-------------------|
|                                   |  | oration organized under the<br>ffice or registered agent, or t   | •  |                   |
|                                   |  |  |  | n ica.            |
|                                   |  | <u>mes II of Fairfield, l</u>  | nc.  |                   |
| 2. The principal                  | office address: 5131 Po  | nte Emerald Lane   |  |                   |
| Boca Rato                         | n, FL 33486  |  | -  |                   |
| 3. The mailing a                  | dress (if different): P.O.   | Box 811180   |  |                   |
| Boca Ra                           | ton, FL 33487  |  | ·  |                   |
| 4. Date of incorp                 | oration/qualification:   | 02/10/1989 Documer   | nt number:   | N30632            |
| 5. The name and Florida Depar     | street address of the curre<br>tment of State: (If resigned  | nt registered agent and registe, enter resigned)   | ered office on file with   | the               |
| f                                 | Robert Kay & Assoc   | ates, P.A.   |  |                   |
| 1                                 | 6261 NW 6th Way, 5   | l<br>Şuite 103   |  | ANO S             |
| •                                 | Ft. Lauderdale, FL 3   | 3309   |  | VISION OF COL     |
| 6. The name and (if changed):     | street address of the new  | registered agent (if changed)  | and /or registered offic   | -3 PH 1: 09       |
|                                   | Randall K. Roger &   | Associates, P.A.   |  | TATE RATE         |
|                                   | 621 NW 53rd Street   | Suite 300  |  | 3 OHS             |
|                                   |  | P.O. Box NOT acceptable  | :  |                   |
|                                   | Boca Raton, FL 334   | <b>87</b>  | :  |                   |
| The street address changed will   | ess of its registered office be identical.   | and the street address of the  | business office of its   | registered agent, |
| Such change was authorized by the | is authorized by resolutions board, or the corporation   | n duly adopted by its board on has been notified in writing  | of directors or by an one of the change.   | officer so        |
|                                   |  | Crais  | Schreiber, 1   | res-              |
|                                   | the appointment as regist<br>the appointment as regist<br>to comply with the provisi<br>of I am familiar with and<br>ya filed merely to reflect<br>been notified in writing to | ered agent and agree to act<br>ons of all statutes relative to<br>accept the obligation of my p<br>a change in the registered of<br>this change. | in this capacity. The proper and composition as registered fice address, Thereby |                   |
| //W//                             | 1. 19 109<br>nature of Registered Agent  | $\mathcal{L}$ $\mathcal{L}$  | L Date   | <u>//</u>         |
| , 9                               | half of an entity:   |  | ) laid   |                   |
| n againg on oc                    | .a. or an entity,  |  | <b>:</b><br>:  |                   |
| T                                 | yed or Printed Name  |  | 1  |                   |
|                                   | # # ·  | <br>  FIT ING FRF: \$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)