## N95000004763

Dr. Steven S. Nagelberg 7220 SW 20th Street Plantation, FL 33317

> 100004510301--6 -04/23/01--90170--037 \*\*\*\*150.00 \*\*\*\*\*35.00

> > SECRETARY OF STATE STATE SECRETARY OF STATE SIVISION OF CORPORATIONS

R.A. Change LFJ 8-2-2001

Charter No. N9500009763
Date Filed

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Eursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

	s purpose of changing its registered office and registered agent in the state of the	•	
1.	The name of the corporation is: AUCOHOU BEVERIAGE TRAW	ERS_	
	ASSOCIATION OF ADRIDA, The.	·····	
2.	The name and address of its present registered agent is:		
	STEVEN DEWITT HOLMES, P.A.	DIVIE 200	
	1505 S.E. 40th ST	SECRETARY INSIGN OF C	
	CHPE CORAL FL 33904	G PATE	
3.	The <u>name and street address</u> to which its registered agent is to be changed is:  (P.O. BOX NOT ACCEPTABLE)	900	
	Dr. STEVEN WAGELBERG	PH IZ:	
	7220 SW 20th ST	9	
_	PLANTATION FL 33317		
4.	4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.		
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer the corporation so authorized by the board of directors.  Or STEVEN WHOELDEW Signature X			
	(President of Vice F	resident)	
	Date	<u> </u>	
AE AC TF	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROOF STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATION THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS HER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE AND COMPLETE PERFORMANCE OF MY DUTIES, AND LAM FAMILIAR WITH A	CATE, I HEREBY CAPACITY. I FUR- TO THE PROPER	

OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Dr 572	VEN NAGELBERG
Signature & My	
Date 1/21/81 (Agont)	
CIS 4/92	FILING FEE \$35