## 1970000864

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del>.</del>
(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	e of Corporation
DOCUMENT NUMBER: N9700000	0864
The enclosed Statement of Change of Registered	
Please return all correspondence concerning this	matter to the following:
Jane Faysash	
Name	of Contact Person
The Southern	Palm Zen Group
F	rm/Company
7750 Solimar C	ircle
	Address
Boca Raton, F	L 33433
City/S	tate and Zip Code
zochispzg@gm	ail.com
E-mail address: (to be used	for future annual report notification)

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

Name of Contact Person

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: The Southern Palm Zen Group
2. The principal	office address: 7750 Solimar Circle, Boca Raton, FL 33433-1037
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 01/21/97 Document number: N9700000864
	I street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)
	Mitchell T. Cantor
	801 Bridgewood Pl.
	Boca Raton, FL 33439
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office.
	Jane Faysash
	7750 Solimar Circle
	PO Box NOT acceptable
	Boca Raton, FL 33433-1037
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	Gary J. Faysash, Director Printed or typed name and title
I further agrée t performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
J. Ja	nature of Registered Agent Date
If signing on bel	half of an entity:
Jane Faysa	sh
Ту	ped 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