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To:

Division of Corporations

Fax Number : (850)205-0380

From:

. Account Name : GREENSPOON MARDER, P.A.

Account Number : I19990000182 Phone : (954)491-1120

Fax Number

: '(954)267-8013

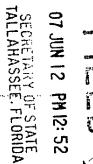
## REGISTERED AGENT CHANGE

AL & JOHN ENTERPRISES, INC.

Certificate of Status	0
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## 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 617.1 statement of change is submitted for a corporation organized under the laws of in order to change its registered office or registered agent, or both, in	f the State of FLORIDA
1. The name of the corporation: AL & JOHN ENTERPRISES, INC.	
2. The principal office address: 421 S. 21ST AVENUE, HOLLYWOOD, F	FL 33020
3. The mailing address (if different):	·
4. Date of incorporation/qualification: 08/17/2000 Document num	ber: P00000078065
5. The name and street address of the current registered agent and registered of Florida Department of State:	fice on file with the
GENE K. GLASSER	
2021 TYLER STREET	
HOLLYWOOD, FL 33020	<u>.                                    </u>
6. The name and street address of the new registered agent (if changed) and /or (if changed):	
GENE K. GLASSER, ESQ.	TJUN 12 TJUN 12
100 W. Cypress Creek Road, Suite 700	ARY ARY SSE
(P.O. Box NOT acceptable) Fort Lauderdale, FL 33309	EFS R
The street address of its registered office and the street address of the business changed will be identical.	
Such change was authorized by resolution duly adopted by its board of dire authorized by the locard, or the corporation has been notified in writing of the	
	IPKA SEC TREAS.
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the plot my duties, and I am familiar with and accept the obligation of my position document is being filed merely to reflect a change in the registered office at corporation has been adoltsed in writing of this change.	capacity, roper and complete performance n as registered agent. Or, if this idress, I hereby confirm that the
(Signature of Registered Agent)	(2007 (Date)
If signing on behalf of an entity:	
(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 CR2E045 (8/05)