

Florida Department of State

Division of Corporations

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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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Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AL & JOHN ENTERPRISES, INC.
2. The principal office address: 421 S. 21ST AVENUE, HOLLYWOOD, FL 33020
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/17/2000 Document number: P00000078065
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GENE K. GLASSER

2021 TYLER STREET

HOLLYWOOD, FL 33020

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GENE K. GLASSER, ESQ.

100 W. Cypress Creek Road, Suite 700

(P.O. Box NOT acceptable)

Fort Lauderdale, FL 33309

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

JOHN S. LIPKA SEC/TREAS.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

6/12/2007
(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

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