## P01000010927

Requester's Name

Mei'L = ASSOCIATES INC

4512 Ne 21<sup>ST</sup> LANE

FT. LAUDENDANDE FL.

33308

3D0004336193--7 -05/31/01--01066--011 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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1		-
(Corporation Name)	(Document #)	<u>a</u> 9 ° . S <b>™</b>
2(Corporation Name)	(Document #)	<del>-</del>
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☐ Walk in Pick up time	Certified Copy	age :
☐ Mail out ☐ Will wait	Photocopy Certificate of State	us
NEW FILINGS	<u>AMENDMENTS</u>	-
<ul> <li>□ Profit</li> <li>□ Not for Profit</li> <li>□ Limited Liability</li> <li>□ Domestication</li> <li>□ Other</li> </ul>	Merger	01 NAY 31 P
OTHER FILINGS	REGISTRATION/QUALIFICATION	PH 12: 05
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	O.N.

Examiner's Initials M

## 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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
1. The name of the corporation: Meil & BSSOCIATES, INC.
The name of the corporation: 177676 4 PISSOCIATES INC.
2. The mailing address of the corporation: 4512 Ne 2157 LANE
- TORT LAUDERDATE FL 33308
FORT LAUD-ERDATE FL 33308  3. Date of incorporation/qualification: ANUARY 30, Document number: PO1000010927
4. The name and address of the current registered agent and office:
SPIEGAL & UTRERA, PA.
343 ALMERIA AVE.
LORAL GABIES, FLORIDA 33134
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
DAVID K. Meil
4512 Ne 21 LANE
FORT LAUDERDATE FL. 33308
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.
(Signature of an officer, chairman or vice chairman of the board)  (Date)
Printed or typed name and title)
Having been named as registered agent and to account and to
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 the proper and complete
(Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***
CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS