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(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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O7 MAR 26 PM 2: 00
SECRETARY OF STATE
ALLAHASSEF, FIGURE

PREMIER CORPORATE SERVICES, INC.

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200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

March 21, 2007

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

RE: Change of Registered Agent and Office

Dear Sir or Madam:

Enclosed are the forms necessary to change the registered agent and registered office for FWRLB Inc., together with a check in the amount of \$35.00 representing the filing fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Laura L. Lightholder

enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of Florid egistered agent, or both, in the State of Florid	a	
1. The name of t		FWRLP INC.		
	•	Pointe Dr., Suite 404, Jupiter, FL 33477		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/21/2001	Document number: P010000	025347	
5. The name and		red agent and registered office on file with the		
	CT Corporation System		O7 M Seci	
	1200 S. Pine Island Rd.		07 MAR 26 SECRETAR ALLAHASS	***
	Plantation. FL 33324			r
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office	PH 2: 00 OF STATE EE. FLORID	C
	NRAI Services, Inc.		5	
	2731 Executive Park Dri			
	Weston, FL 33331	ptable)		
The street address as changed will	ss of its registered office and the st	reet address of the business office of its regi	istered agent,	
Such change was	s authorized by resolution duly add	opted by its board of directors or by an officen notified in writing of the change.	er so	
- Alexandrian	out of the for director)	Mark Emalfarb, President (Printed or typed name and title)		
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered ager o comply with the provisions of all I I am familiar with and accept the g filed merely to reflect a change t been notified in writing of this cha	nt and agree to act in this capacity, statutes relative to the proper and complete cobligation of my position as registered age, in the registered office address, I hereby con inge.	performance nt. Or, if this ifirm that the	
de	A	3/21/07		
_	ature of Registered Agent)	(Datc)		
If signing on beh	•			
Laura Lightho	older, Assistant Secretary			

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)