P010000027495

	equestor's Name)	_ ,
(IV	equesions manne)	
(A	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
_		
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nan	ne)
•	•	•
(Do	ocument Number)	
(50	odinent (dinber)	
o erado i		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		ļ
		Į.
		1
		İ

Office Use Only



700058520447

DY 1(5/05--01076--005 **35,00





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: April Inc. (Name of corporation)
DOCUMENT NUMBER: 10/000027445
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Olan J. Werksman (Name of contact person)
alan J- Werksman, Esa.
2650 N. Military Trail, Suite 150
Boca Ration for 33431 (City/state and Zip code)
For further information concerning this matter, please call: Alan J. Werks Mana (5/01) 988-6411
(Name of contact person) (Area code & daytime telephone number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the pro	_					d.
statement of change	e is suomittea jor a change its register					
In Order to	V	\ \(\rangle \int \)	erea agent, or ou	an, in the Blace of) 1 ·0/····	
1. The name of the	corporation:	ALAN L. WER	ESMAN ESQ.			
2. The principal off	ice address:	2650 N. MILI	TARY TRAIL			
• •		BOCA BATURIN	(8M/04 3543)			
2 771 - 14	- ('C 1'CC 1)	SUITE	TARY TRAIL			,
3. The mailing addi	ess (ii different):	BOCA RATON, FL	ORIDA 33431	_, <u></u> ,	·	
4. Date of incorpora	ation/qualification:	3/11/)(Document	number: DO	10000	274
5. The name and st	eet address of the c	urrent registered	agent and register	ed office on file	with the	
Florida Departme	ent of State:	, ,				
	ala	1. J. W	eusma	en.		
	160 5	SW 12-18	AK	He 1019	3	
- -	DOM	fred 12	a 5	3244	<u> </u>	
	1000	March (p)	ca ₍₁ c	0-110	→ S S S S S S S S S S S S S S S S S S S	
6. The name and st	eet address of the n	iew registered age	ent (if changed) ar	nd/or registered (offisch ≥	-17
(if changed):	6 t 8 t	N I WEDVOMAN	. 500		AX.	=
		N J. WERKSMAN 50 N. MILITARY T			RY SEE	LLI ,
	 	SUITE 150				Ö
		RATON, FLORIDA				
	(F	O. Box NOT acceptable	e)		IDA IDA	
						
The street address as changed will be	of its registered of	fice and the stree	t address of the b	ousiness office of	f its registered	agent,
Such change was a	authorized by resolvented, or the corpo	ution duly adopte	ed by its board of	f directors or by	an officer so	
authorized by the t	oard, or the corpo	ration has been n	otified in writing	g of the change.		
March	Net		MARC	H. Gar	DBERG-	Pres.
(Signature)	t an officer of director)		(Pi	rinted or typed name a	ind title)	
I hereby accept the I further agree to c	appointment as recomply with the pro	egistered agent a Svisions of all sta	nd agree to act ii tutes relative to i	n this capacity. the proper and c	complete perfo	rmance
oj my auties, ana 1 document is being	am jamiliar with a filed -n erely to refl	ina accept the ob lect a change in t	ligation of my po he registered offi	ssition as registe ice address, I hei	ered agent. Oi reby confirm t	r, if this hat the
corporation has be	1	-	^/	,		
Marifi	lette dul	an	271	0105		
(S)gnati	are of Registered Agent)			(Date)		
If signing on behal	f of an entity:					
1000 -	1. 11 JONY	6Man				
(Type	d or Printed Name)					

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