Requester's Name	L APR
LAW OFFICES ROSE & ROSE, P.A. PROFESSIONAL ASSOCIATION SUITE 200 THE BRAUSER BUILDING	ASSEE, FLORI
2101 NORTH ANDREWS AVENUE FORT LAUDERDALE, FLORIDA 33311	OF A
FORT LAUDERDALE, FLORIDA 33311	Office Use Only
FORT LAUDERDALE, FLORIDA 33311	Office Use Only
ATION NAME(S) & DOCUME	Office Use Only NT NUMBER(S), (if known):

3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials

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

the undersigned co	ovisions of sections 607.030 rporation organized under th ng statement in order to cha	he laws of the S	State of Florida	A
the State of Florida				
2. The mailing addi	ress of the corporation:		Farms Place	
3. Date of incorpor	ation/qualification: 4/9/			
	dress of the current registered			
	Filings,	Inc.	- <u> </u>	
		6 Street		ALC OL
5. The name and ad	Ft. Laude dress of the new registered a (P.O. Box Peter A. Ro	rdale, FL gent (if change x Not Acceptat se, Esq.	33311ed) and/or registered ble)	PN 1:2
The street address of	Ft. Lauderd	ale, FL	· · · · · · · · · · · · · · · · · · ·	>
Such change was at authorized by the b	of its registered office and the will be identical. Thorized by resolution duly pard. Officer, chairman or vice chairman of	adopted by its		
Elizabe	eth Riviere, Presid (Printed or typed name and title)	ent		· ·
Having been named corporation, I herei I further agree to co performance of my registered agent.	l as registered agent and to by accept the appointment a comply with the provisions of duties, and I am familiar with	accept service s registered ag all statutes re th and accept t	gent and agree to a lative to the proper the obligation of m	ct in this capacity. r and complete ry position as
(Signat	ure of Registered Agent)	<u>.</u>	4/2	4 for
If signing on behalf of a	-		(Date)	•
(Турес	or Printed Name)		(Capacity)	

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