

P01000054459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

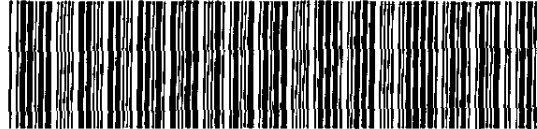
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAY 23 PM 1:28

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05/19/05--01073--008 **35.00

R.A. Chong
G. Coullata MAY 23 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Kaufman Organization, Inc.
(Name of corporation)

DOCUMENT NUMBER: P01000054459

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:

Adam Kaufman
(Name of contact person)

The Kaufman Organization, Inc.
(Firm/Company)

18767 Biscayne Boulevard
(Address)

Aventura, FL 33180

(City/state and zip code)

For further information concerning this matter, please call:

Adam Kaufman

(Name of contact person)

305

932-4800

at (

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 17, 2005

RECEIVED

AFAM KAUFMAN
THE KAUFMAN ORGANIZATION, INC.
18767 BISCAYNE BLVD.
AVENTURA, FL 33180

SUBJECT: THE KAUFMAN ORGANIZATION, INC.
Ref. Number: P01000054459

We have received your document for THE KAUFMAN ORGANIZATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 705A00035280

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MAY 23 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: The Kaufman Organization, Inc.
2. The principal office address: 18767 Biscayne Boulevard
Aventura, FL 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/24/01 Document number: P01000054459
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Mike Colodny

2000 W. Commercial Blvd., #232

Ft. Lauderdale, FL 33309

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

M & W Agents, Inc.

2101 Corporate Blvd Suite 107

(P.O. Box NOT acceptable)

Boca Raton, FL 33431-7343

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)

Jerry Kaufman

(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)

V.P.

5/20/05

(Date)

If signing on behalf of an entity:

ROBERT CHAVES, V.P.

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 MAY 23 PM 1:28

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