POIOCOPIST 3972

JOEL REINSTEIN

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April 16, 2002

800005309008—-2 -04/19/02-01075-003 *****35.00 *****35.00

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Portnoy Family Corp.

Dear Sir:

Please find enclosed a Statement of Change of Registered Office or Registered Agent form for the above-referenced entity for filing.

Also enclosed is our check in the amount of \$35.00 representing your filing fee, as well as a return envelope for the return of a "filed" copy.

Thank you for your cooperation in this matter.

Sincerely,

Joel Reinstein

JR/wsm Enclosures-check

cc: Mr. Simon Portnoy

StateChg.ltr

02 APR 19 PH11: 57

RAIRO Change

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

•	ne laws of the State of Florida nge its registered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation:	Family Corp.
	-
2. The mailing address of the corporation:	
2 Dominica Drive, Englev	700d, FL 34223
3. Date of incorporation/qualification: July 2	25, 2001 Document number: P01000079372
4. The name and address of the current registere	d agent and office:
Joel Reinste	in, Esq.
5355 Town Ce	nter Road, #801
Boca Raton,	
5. The name and address of the new registered a	gent (if changed) and/or registered office (if changed): c Not Acceptable)
Simon Portno	ру
2 Dominica I	Drive
Englewood, J	FT. 34223
The street address of its registered office and that agent, as changed will be identical.	e street address of the business office of its registered
1 Spr 1 mg	adopted by its board of directors or by an officer so
(Signature of an officer, chairman or vice chairman of	fthe board) (Date)
Simon Portnoy, President (Printed or typed name and title)	
Having been namel as registered agent and to corporation, I haveby accept the appointment a little appointment of my duties, and I am familiar wiregistered agen	accept service of process for the above stated s registered agent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as
I fam forly	(Date) 82 BYSE
(Signature of Registered Agent)	(Date)
if signing on behalf of an entity:	SECRETARY OF SECRETARY OF CORPO (Date) (Date) (Capacity)
(Typed or Printed Name)	(Capacity)
*** FILING	G FEE: \$35.00 * * *
PR2F045(9/00)	57 TORK