

PO1000107251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

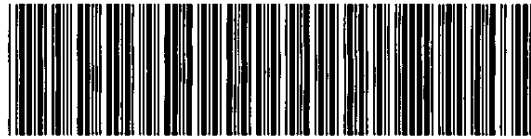
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEC  
9/28

SANFORD N. REINHARD, P. A.

ATTORNEY AT LAW  
2875 N. E. 191<sup>ST</sup> STREET  
SUITE 404  
AVENTURA, FLORIDA 33180

MIAMI  
(305) 932-7555  
TELECOPIER  
(305) 935-5671  
E-MAIL  
sanrein@bellsouth.net

September 18, 2007

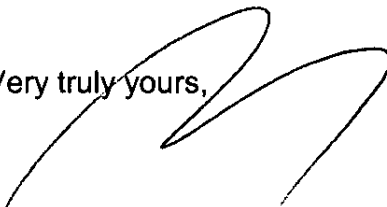
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: CRAIG NICOLE, INC.

Gentlemen:

We enclose the Statement of Change of Registered Office and Registered Agent for the company, along with a check payable to the Florida Department of State, in the amount of \$35.00, representing the filing fee.

Very truly yours,



Sanford N. Reinhard  
SNR/na

**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.

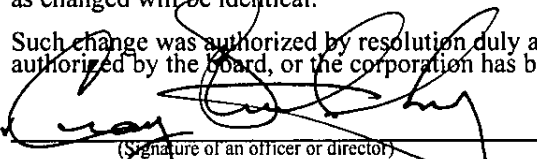
1. The name of the corporation: Craig Nicole, Inc.
2. The principal office address: 2875 N.E. 191st Street, Suite 200  
Aventura, FL 33180
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/6/2001 Document number: PD1000107251
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Staci Genet, Esq  
2875 N.E. 191st Street, Suite 200  
Aventura, FL 33180

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

Sanford Reinhard, P.A.  
2875 N.E. 191st St., Suite 404  
(P.O. Box NOT acceptable)  
Aventura, FL 33180

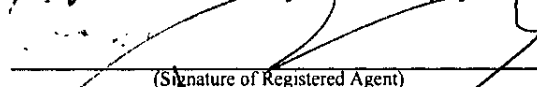
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Craig S. Studnicki  
(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)

9/13/2007  
(Date)

If signing on behalf of an entity:

Sanford Reinhard  
(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  
CR2E045 (8/05)

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