

P020000009560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

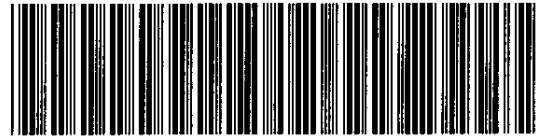
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Stephen Trachtenberg
advised to make
all corrections
(10)

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05/16/06--01030--011 **35.00

FILED
06 JUN 14 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trachtenberg Enterprise Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Stephen Trachtenberg
(Name of Contact Person)

Trachtenberg Enterprise Group, Inc.
(Firm/Company)

4040 NE 49th Ave
(Address)

Gainesville, Florida 32609
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Trachtenberg at (352) 374-1900
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2006

STEPHEN TRACHTENBERG
4040 NE 49TH AVE.
GAINESVILLE, FL 32609

SUBJECT: TRACHTENBERG ENTERPRISE GROUP, INC.
Ref. Number: P02000009560

We have received your document for TRACHTENBERG ENTERPRISE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

It appears you wish to change the registered agent address, if so please list the registered agent and the new address as well as the Date of Incorporation and the Document Number in (part 4).

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) 245-6964.

Irene Albiston
Document Specialist

Letter Number: 606A00036458

RECEIVED
06 JUN 14 AM 8:00
DIVISION OF CORPORATIONS

**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: Trachtenberg Enterprise Group, Inc
2. The principal office address: 4040 NE 49th Ave
Gainesville, Florida 32609
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/28/2002 Document number: P02000009560

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: M.

Stephen Trachtenberg
5524 NW 67th St.
Gainesville, FL 32653

06 JUN 14 AM 10:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Stephen M. Trachtenberg
4040 NE 49th Ave
(P.O. Box NOT acceptable)
Gainesville, Florida 32609

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] President
(Signature of an officer or director)

Stephen Trachtenberg President
(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]
(Signature of Registered Agent)

5/9/6
(Date)

If signing on behalf of an entity:

(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)