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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer | |
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COVER LETTER

| TO: Amendment Se Division of Co | | |
|------------------------------------|---|--|
| suвјест: <u>Lawye</u> | rs Real Estate, P.A. (Name of Co | orporation) |
| DOCUMENT NUMB | ER: 020000009655 | |
| The enclosed Statemen | t of Change of Registered Office | e/Agent and fee are submitted for filing. |
| Please return all corres | pondence concerning this matter | to the following: |
| <u>Th</u> | omas D. Waldron, Esq. (Name of Cor | ntact Person) |
| _ | (Firm/Co | mpany) |
| <u>730</u> | E. Strawbridge Avenue (Addi | , Suite 200 ess) |
| Melk | oourne, FL 32901 | |
| | (City/State an | • |
| For further information | concerning this matter, please c | all: |
| Karen Beaudoin | of Contact Person) | at (321) 725-7077 (Area Code & Daytime Telephone Number) |
| | neck made payable to the Departi | |
| | 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 |

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

| statement of change is sub | bmitted for a corporation organiz | 2, 607.1508, or 617.1508, Florida Statutes zed under the laws of the State of Florid | | |
|--|---|--|--|--|
| | | red agent, or both, in the State of Florida. | | |
| | ration: Lawyers Real Estate, | | | |
| 2. The principal office add | dress: 730 E. STrawbridge A | venue, Suite 200, Melbourne, Florid | da 32901 | |
| | | | | |
| 3. The mailing address (if | different): | | | |
| 4. Date of incorporation/q | qualification: January 28, 200 | 02 Document number: P02000096 | 55 | |
| 5. The name and street ad- Florida Department of | | ent and registered office on file with the | | |
| Karen | Beaudoin | | | |
| <u>112 V</u> | V. New Haven Avenue | e | ≨ 2 | |
| Melbo | ourne, FL 32901 | | 57EB | |
| 6. The name and street ad (if changed): | dress of the new registered agent | t (if changed) and /or registered office | OFFEB 24 PM | |
| Karer | n Beaudoin | | STAT STAT | |
| 730 E | E. Strawbridge Avenue | e, Suite 200 | 器が | |
| Melbo | ourne, FL 32901 | | | |
| The street address of its as changed will be identi | registered office and the street a | address of the business office of its regis | tered agent, | |
| Such change was authorized by the board, | ized by resolution duly adopted or the corporation has been not | by its board of directors or by an office iffied in writing of the change. | r so | |
| (Signature of an office | cer or director) | Thomas D. Waldron, Esq., Pre | esident_ | |
| I hereby accept the appo I further agree to comply of my duties, and I am fa document is being filed n corporation has been no | intment as registered agent and with the provisions of all statu miliar with and accept the obli- merely to reflect a change in the tified in writing of this change. | d agree to act in this capacity, tles relative to the proper and complete p gation of my position as registered agen registered office address, I hereby conf | performance t. Or, if this firm that the | |
| Keren Beau | dom | February 20, 2006 | | |
| | egistered Agent) | (Date) | | |
| If signing on behalf of ar | n enuty: | | | |
| Karen Beaudoin (Typed or Prin | nted 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)