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SECRETARY OF STATE

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: ALVIN J. ROSENFARB, P.A. (Name of Corporation) |
| DOCUMENT NUMBER: <u>PD20000</u> 16472 |
| 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: |
| KAREN ROSENFARB (Name of Contact Person) |
| ALUN J. ROSENFARB (Firm/Company) |
| 80 S.W. STREET, PH 3330 (Address) |
| MIAMI FL 33,30 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| KAREN IZBSENFARB at (305) 373-0955 (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

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

| Pursuant to the provisions of sections 607.0502, 617.050. statement of change is submitted for a corporation organ. | ized under the laws of the State of |
|--|--|
| in order to change its registered office or registe | |
| 1. The name of the corporation: ALVIN J. R | • |
| • | 8+11 STREET, AH 3330 |
| MIAMI, FL | LOFIDA 33130 |
| 3. The mailing address (if different): | į |
| 4. Date of incorporation/qualification: 2/13/02 | Document number: Po 20000 16412 |
| 5. The name and street address of the current registered at Florida Department of State: | gent and registered office on file with the |
| FRANK H H | DLTZMAN |
| 18041 BISC | ANNE BLID #501 ALECRETARY FL 33160-2521 SEE |
| AVENTURA, | FL 33160-2521 SER 1 P |
| 6. The name and street address of the new registered ager (if changed): | |
| | ROSENFALB SH 5 |
| 80 S.W | 1. 8+nst PH 3330 |
| | |
| · MIANI, | FL 33130 |
| The street address of its registered office and the street as changed will be identical. | address of the business office of its registered agent, |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no | d by its board of directors or by an officer so patified in writing of the change. |
| (Signature of an officer or director) | ALWIN POSENFARB (Printed or typed name and title) |
| I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obl document is being filed merely to reflect a change in the corporation has been notified in writing of this change | tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the |
| Laren lesenps | S/4/08 (Date) |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | |
| (Typed or Printed Name) | |
| * * * FILING FI | EE: \$35.00 * * * |