

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : I20060000012
Phone : (305) 826-5886
Fax Number : (305) 722-0535

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

THIERER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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Change
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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: THIERER, INC.
2. The principal office address: 13650 NW 8 STREET STE 107, SUNRISE, FL 33325
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/20/2002 Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BRECHER GABRIELA

13650 NW 8TH STREET STE 107, SUNRISE, FL 33325

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

THIERER RAUL A

13650 NW 8TH STREET STE 107, SUNRISE, FL 33325

(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

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 officer or director)

RAUL A THIERER PDT

(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)

08/20/2007

(Date)

If signing on behalf of an entity:

RAUL A THIERER

(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)