

P020000040909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

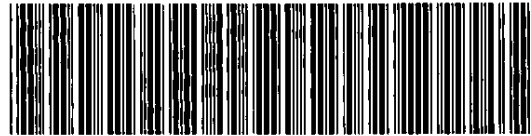
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/18/10

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Joel D. Robrish, P.A.

Attorney and Counsellor at Law

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Miami, Florida 33131

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www.joelrobrish.com

August 5, 2010

Department of State
Amendment Sections
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Re: W.A.M. III, INC.

Gentlemen:

Enclosed please find the following:

1. Statement of Change of Registered Office or Registered Agent or Both for Corporation;
2. Cover Letter;
3. My check made payable to your order in the amount of \$35.00 representing costs.

Thank you.

Very truly yours,

JOEL D. ROBRISH

JDR/jm
Enclosure: as-stated

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: W.A.M. III, INC.
Name of Corporation

DOCUMENT NUMBER: P02000040909

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:

JEAN KNOBEL
Name of Contact Person

Firm/Company

7235 Promenade Drive, K-201
Address

Boca Raton, Florida 33433
City/State and Zip Code

cruiselady711@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mrs. JEAN KNOBEL at (561) -447-4306
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

August 10, 2010

Joel D. Robrish, P.A.
848 Brickell Ave.
Suite 800
Miami, FL 33131

SUBJECT: W.A.M. III, INC.
Ref. Number: P02000040909

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 910A00019231

RECEIVED
2010 AUG 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: W.A.M. III, Inc.
2. The principal office address: 1828 N. University Drive, Pembroke Pines, Fl. 33024
3. The mailing address (if different): 7235 Promenade Drive, K 201, Boca Raton, Florida 33433
4. Date of incorporation/qualification: 4-16-2002 Document number: P02000040909
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MARTIN KNOBEL

7235 Promenade Drive, K-201

Boca Raton, Florida 33433

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

JOEL ROBRISH

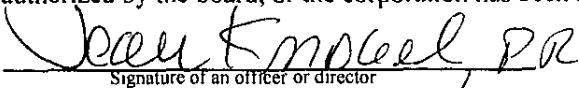
848 Brickell Avenue, Suite 800

P.O. Box NOT acceptable

Miami, Florida 33131

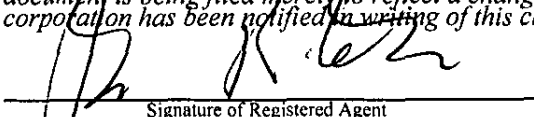
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Jean Knobel Personal Representative
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

AUGUST 5, 2010
Date

If signing on behalf of an entity:

Jean Knobel Personal Representative
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)

FILED
2010 AUG 18 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA