P0200041408

(Re	equestor's Name)	
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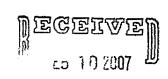
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Claude B. Seltzer & Associates, Inc (Name of Corporation)
DOCU	MENT NUMBER: P02000047408
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Robert C. Buschel
	(Name of Contact Person)
	Rothstein Rosenfeldt Adler, PA (Firm/Company)
	401 East Las Olas Boulevard, Suite 1650 (Address)
	Fort Lauderdale, FL 33301 (City/State and Zip Code)
F 6	• • •
ror iui	ther information concerning this matter, please call:
Robe	rt C. Buschel at (954) 522-3456 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	ed 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

SCANNED

Tallahassee, FL 32301



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

Pursuant to the provisions of sections 607.0502, 617.0502, 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.	
The name of the corporation: Claude B. Seltzer & Associates, Inc.	
2. The principal office address: 1300 SAWGRASS CORPORATE PKWY, SUITE 130 SUNRISE FL 3332	3
3. The mailing address (if different): n/a	
4. Date of incorporation/qualification: 04/30/2002 Document number:	
Robert C. Buschel	ام الا
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Robert C. Buschel 350 East Las Olas Boulevard, Suite 980 Fort Lauderdale, FL 33301 6. The name and street address of the new registered agent (if changed) and /or registered office	2
Fort Lauderdale, FL 33301	* <u>`</u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Robert C. Buschel	
_401 East Las Olas Boulevard, Suite 1650	-
(P.O. Box NOT acceptable)	
Fort Lauderdale, FL 33301	
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) Claude S. Selt Zev (Printed or typed name and fittle)	
I hercby 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) Z - JZ - O 7 (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *