P02000049977

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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Entity (value) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

7/29/03

TRANSMITTAL LETTER

| Division of Corporations | | es e e |
|--|--------------|---|
| SUBJECT: LANCIANI OF BOCA RATON, INC. (Name of corporation) | <u></u> - ·· | **** |
| ` | • | • |
| DOCUMENT NUMBER: P02000049977 | | ** ** - |
| 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: | | |
| Gianfranco lavarone (Name of person) | | : ::. =. : - (|
| (Name of person) | | J. |
| Lanciani of Boca Raton, Inc. | | alan ing panggan sa |
| (Name of firm/company) | | |
| 38 East 57th Street, 10th Floor | | |
| (Address) | | A S SEE THE |
| | | |
| New York, NY 10022 (City/state and zip code) | | |
| For further information concerning this matter, please call: | | + . - |
| John Ghedini at (212) 888-3444 | | |
| (Name of person) (Area code & daytime telephone numb | er) | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 | | |

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

| Pursuant to the | the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statt | utes, |
|------------------------------------|--|--|
| | t 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 S | State |
| of Florida. | LANCIANI OF BOCA RATON INC | · · · · · · · · · · · · · · · · · · · |
| | of the corporation: LANCIANI OF BOCA RATON, INC. | |
| | oal office address: TOWN CENTER 6000 W. GLADES RD. #1232 | 7 - 44 |
| | TON, FL 33431 | |
| 3. The mailing | g address (if different): 38 EAST 57TH STREET, 10TH FL. | |
| NEW YOR | PRK, NY 10022 | العالم الجواد وفي المستعددة |
| 4. Date of incor | orporation/qualification: 05/07/2002 Document number: P02000049977 | e de la companya de l |
| | and street address of the current registered agent and registered office on file with the | <u>.</u> . |
| Florida Depa | partment of State: | - 1 |
| | CORPORATION SERVICE COMPANY | |
| | 1201 HAYS STREET | 3 |
| | TALLAHASSEE, FL 32301 문전 후 | = - |
| 6. The name as | and street address of the new registered agent (if changed) and /or registered agent | E(if m |
| changed): | RICCARDO IAVARONE | 70.0 |
| | C/O LANCIANI, TOWN CENTER, 6000 W. GLADES ROAD #1232 | <i>™</i> |
| | (P.O. Box or personal mailbox NOT acceptable) | ယ |
| | BOCA RATON, FL 33431 | |
| The street addr agent, as chang | dress of its registered office and the street address of the business office of its registenged will be identical. | red |
| Such change w | was authorized by resolution duly adopted by its board of directors or by an officer sy the board, or the corporation has been notified in writing of the change. | ю |
| Giacefra | SUES TOWARD GIANFRANCO IAVARONE, SEC. & TREAS. | |
| ~ | icer, chairman or vice chairman of the board) (Printed or typed name and title) | * |
| I further agree performance of | opt the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered s, I hereby confirm that the corporation has been notified in writing of this change. | |
| An you | July 18, 2003 | |
| | (Signature of Registered Agent) (Date) | = `qu+ |
| If signing on beha | nan or an entry. | |
| (| (Typed or Printed Name) (Capacity) | <u>***,**</u> * |