P02000051787

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COVER LETTER

TO: Amendme Division o	at Section Corporations						
SUBJECT: Wroth Corp Name of Corporation							
DOCUMENT NUMBER: P02000051787							
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:							
Jonathan Wroth Name of Contact Person							
Wroth Corp							
Firm/Company							
1503 S. Cypress Road							
	Address						
	Pompano Beach, FL 33060 City/State and Zip Code						
	Chy/state and Zip Code						
E-mail address: (to be used for future annual report notification)							
For further inform	tion concerning this matter, please call:						
Da	vid J. Fasano, CPA at (954) 581-8112						
	vid J. Fasano, CPA at (954) 581-8112 ne 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						

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

-	· -		607.1508, or 617.1508, Flo d under the laws of the Sta	
			a unaer the taws of the Stat d agent, or both, in the Stat	
1. The name of t	the corporation: Wroth	Corp		
2. The principal	office address: 1503 S	. Cypress Road	l, Pompano Beach, F	L 33060
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification:	5/10/2002	Document number:	P02000051787
	I street address of the cur tment of State: (If resign		nt and registered office on f	file with the
	Francy Adriana W	roth		·· ·
	1503 S. Cypress F	Road		7009 TAI
	Pompano Beach, I	FL 33060		- SEP
6. The name and (if changed):	I street address of the new	w registered agent (if changed) and /or register	red office SSEE
	Jonathan Wroth			
	1503 S. Cypress F	Road P.O. Box NOT ac		
	Pompano Beach, I			
The street addre as changed will	ess of its registered office be identical.	e and the street ad	dress of the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or ied in writing of the chang	by an officer so
	4-7			DRATHAN W. V.
I hereby accept I further agree to of my duties, an document is bei	the appointment as reg to comply with the prov d I am familiar with an ing filed merely to reflect s been notified in writin	isions of all statute d accept the obliga ct a change in the r	Printed or typed nan agree to act in this capaci es relative to the proper a ation of my position as reg registered office address, i	te and title ty, id complete performance vistered agent. Or, if this I hereby confirm that the
	A			9/2/09
Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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