P02000072410

(Re	questor's Name)	
(Ade	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

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TO:

Amendment Section Division of Corporations

SUBJECT:	Moor Palm I	Beach, Inc	_ 			
DOCUMENT NUMBER:_	D0000070410					
The enclosed Statement of C	hange of Registered Off	ice/Agent and fee are subr	nitted for filing.			
Please return all corresponde		_	-			
	-					
<u></u>	Glenn Name of C	Schanel ontact Person				
		Associates, PA	· · · · · · · · · · · · · · · · · · ·			
	Tillia	company				
	4600 Military	/ Trail, Ste. 215				
		•				
	Jupiter, FL 33458 City/State and Zip Code					
	Chy/State,	and Zip Code				
F-mail a	glenn@scha	anelcpa.com future annual report not	tification)			
L-man a	duress, (to be used for	Tuture annual report noi	inication)			
For further information conc	erning this matter, please	call:				
Glenn S		at (561)	624-2118			
Name of Con	tact Person	Area Code & Day	time Telephone Number			
Enclosed is a \$35.00 check n	nade payable to the Depa	urtment of State.				
Div P.O	ling Address: endment Section ision of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Corporations ling ive Center Circle			

CR2E045 (8/05)

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

statement of cha	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Fi d under the laws of the Sta d agent, or both, in the Sta	ate of Florida	
	the corporation: MOOr			450	
2. The principal	office address: 4600 I	vilitary Trail, Ste	. 215, Jupiter, FL 334	458	
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: _	07/02/2002	Document number:	P02000072410	
	d street address of the curtment of State: (If resign		nt and registered office on	file with the	
	resigned	·			
				2010 SE TAI	
6. The name and (if changed):	street address of the ne	• •	if changed) and /or registe	ZOUDEC -2 SECRETARY red offinances	ロニー
	4600 Military Trail		centable:	OF STA	
	Jupiter, FL 33458				
The street addre	ess of its registered offi be identical.	ce and the street ad	dress of the business offic	ce of-its registered agent,	
Such change wa auth@rized by th	as authorized by resolu- ne board, or the corpora	tion duly adopted b	y its board of directors or ed in writing of the chan	by an officer so ge.	
Signatul	re of an officer or director	<u></u>	Moshe Triv	vaks, P/D	
60	Skan	istered agent and a issions of all statute id accept the obliga ct a change in the r g of this change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the	
	nature of Registered Agent half of an entity:		₹ Date		
	nel, Pres., Schanel	& Associ	•		
Ty	yped 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)