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

Pursuant to the provisions of sections 607.0502, 607.0502, 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: JEFFREY S. A LTMAN P.A. BUS STEET 2. The principal office address: 10800 BISCAYNE BOULEVARD SESSIFE MIAMI F. 33161
3. The mailing address (if different):
4. Date of incorporation/qualification: 11-20-02 Document number: Po 2000 23990
Florida Department of State:
JEFFREY S. ALTMAN
JEFFREY S. ALTMAN 44 W. FLAGLER STREET - SUITE 2400 MIAMI FL 33130
MIAMI FL 33130
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JEFFREY S. ALTMAN
10800 BISCAYNE BOULEVARD - SUITE 700
JEFFREY J. ALTMAN 10800 BISCAYNE BOULEVARD - SUITE 700 (P.O. Box NOT deceptable) MIAMI, FL 33161
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) Signature of an officer or director) (Printed or typed name and title)
(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.
5-31-07
(Signature of Registered Agent) (Date) f signing on behalf of an entity:
(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)