## P02000127639 DIVISION OF CORPORATIONS 2005 SEP 12 AM 9: 37

(Request	tor's Name)
(Address	)
(Address	)
(City/Stat	te/Zip/Phone #)
PICK-UP	] WAIT MAIL
(Busines	s Entity Name)
(Dusines	s Linuty (Vaine)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only

400059057044

##35,00

RA address Chy,

## **COVER LETTER**

TO;	Amendment Section Division of Corporations							
SUBJE	(Name of corporation)							
DOCU	MENT NUMBER: P02000127639							
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:							
	R. ALLEN NAUDE, ESQ.							
	(Name of contact person)							
	R. ALLEN NAUDE, P.A.							
	(Firm/Company)							
	601 BRICKELL KEY DR., STE. 600							
(Address)								
	MIAMI, FL 33131							
	(City/state and zip code)							
For furt	ther information concerning this matter, please call:							
R	ALLEN NAUDE, ESQ. at (305 ) 938-8062							
	(Name of contact person) at (305 ) 938-8062 (Area code & daytime telephone number)							
Enclose	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 Pivision of Corporations 409 E. Gaines Street Tallahassee, FL 32319							

CR2E045(6/04)

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

Pursuant to the prostatement of change in order t	ge is submitted		organized und	der the	laws q	f the State	of_Flo	rida	_
1. The name of the	e cornoration:	R. ALLEN I	NAUDE, P	.A.					
1. The name of the corporation: R. ALLEN M. 2. The principal office address: 601 BRICKE			ELL KEY I	DR.,	SUI	TE 600	)		
		MIAMI, FLO	ORIDA 33	131					
3. The mailing add	lress (if differe	ent):	(same)					<u> </u>	7005 821
4. Date of incorpo	ration/qualific	ation: 11/27/2	2002 <sub>D</sub>	ocume	nt num	ber: P02	200012	7639	
5. The name and s Florida Departn		f the current regist							
	R. ALLE	N NAUDE							
_	25 SOUTI	HEAST SECON	ND AVE.,	SUI	re 8	08			
_	MIAMI,	FLORIDA 331	131-1603						
6. The name and s (if changed):	treet address o	f the new registere	ed agent (if cha	anged):	and /o	r registered	l office		
_	R. ALLEI	NAUDE	<del></del>						
_	601 BRI	CKELL KEY I		re 60	00				
_	MIAMI,	(P.O. Box NOT ac FLORIDA 331	- 1						
The street address as changed will be	s of its register e identical.	red office and the	street address	of the	busin	ess office	of its regi	stered age	ent,
Such change was authorized by the	authorized by board, or the	resolution duly a	idopted by its een notified it	board on writin	of dire	ctors or by	y <b>an</b> offic	er so	
Signatur	of agreement of dir	ector	R	. ALI	LEN Printed	NAUDE,	PRES and title)	IDENT	_
I hereby accept th I further agree to of my duties, and document is being corporation has b	ne appointment comply with the I am familiar of filed merely the inequality	t as registered ag he provisions of a with and accept t to reflect a chang h writing of this c							ance this the
2	4. Ju		SE	EPT.	8,	2005			
•	ture of Peistered	·		<u> </u>		(Date)			
If signing on beha	alf of an entity	<b>!</b> :							
(Тур	ed or Printed Nam	e)	-						

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