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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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REĞISTERED AGENT CHANGE

R. ALLEN NAUDE, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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SECRETARY OF STATE

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10 PS:ET 3005-31-NUL

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: R. Allen Naude, P.A. (Name of corporation)
DOCUMENT NUMBER: P02000127639
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:
Brittani Phelps (Name of contact person)
Business Filings Incorporated (Firm/Company)
8025 Excelsior Dr., Ste. 200
(Address)
Madison, WI 53717 (City/state and zip code)
For further information concerning this matter, please call:
Brittani Phelps at (608) 827-5300 ext. 269 (Name 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 Tallebasses FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallebasses FL 32314

CR2E045(6/04)

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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, 617.0502, 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: R. Allen Naude, P.A.	_
2. The principal office address: 601 Brickell Key Dr., Ste. 600, Miami, Florida 33131	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 11/27/2002 Document number: P02000127639	-
The name and street address of the current registered agent and registered office on file with the Florida Department of State;	
R. Allen Naude	
601 Brickell Key Dr., Suite 600	
Miami, Florida 33131	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Business Filings Incorporated	
THE PERSON NAMED IN THE PE	7
1203 Governors Square Blvd, Suite 101 (P.O. Box NOT acceptable)	
Tallahassee, Florida 32301-2960	
The street address of its registered office and the street address of the business office of its registered agents 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.	
R. Allen Naude, President (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.	
1st day of June, 2006 (Signature of Kegniered Agent) (Date)	
If signing on behalf of an entity:	
Mark Schiff, AVP (Typed or Printed Name)	

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