## P02000127439

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10/29

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations								
SHRIE	CT: R. ALLEN NAUDE, P.A.	_	•						
CODGE	(Name o	of corporation)							
DOCU	MENT NUMBER: P02000127639	<u>-</u> .	· ·						
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	_							
(Name of person)									
	R. ALLEN NAUDE,		· ·						
	(Name of	irm/company)							
25 SOUTHEAST SECOND AVE., SUITE 808									
(Address)									
	MIAMI, FLORIDA	33131-1603	!						
•	(City/state	and zip code)							
For fur	ther information concerning this matter, please ca	all:_	•						
	R. ALLEN NAUDE	305 \ 4	16-9445						
	(Name of person)	at ( 305 4 (Area code & c	daytime telephone number)						
Enclos	ed is a \$35.00 check made payable to the Departr	ment of State.							
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addr Amendment Division of 6 409 E. Gaine Tallahassee,	Corporations es Street						

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

Pursuant to the pr	rovisions of sections	: 607.0502, 617.0	502, 607.150	8, or 617.			this statement of
•	ed for a corporation	•	-	-	<i>'</i>	orida	in order
to change its regis	stered office or regi	stered agent, or b	oth, in the Sto	nte of Flor	rida.		
1. The name of th	e corporation: R.	ALLEN ŅAU	JDE, P.A	•		i Les	<u>=</u>
2. The principal o	ffice address: 25	SOUTHEASI	SECOND	AVE.	, SUIT	E 808	
	MI	AMI, FLORI	DA <u>3</u> 313	1-160	3		
3. The mailing ad	dress (if different):_	same	as <u>pri</u> n	cipal	offic	e addre	ss above
		<u> </u>			<u>,                                    </u>	14	
4. Date of incorpo	oration/qualification	: 11/27/200	)2 <u>=</u> Docu	ment nun	nber: PO	2000127	639
5. The name and s Florida Departr	street address of the	current registered	l agent and re	gistered o	ffice on fil	le with the	
r toriou Deputa		LLEN NAUDE	=			: !	
-		<del></del>			··· <del>·</del> ·······		-
_	888	BRICKELL K	EY DR.	#604		1=1	Tariffe SS
	MIAM	I, FLORIDA	. 331 <u>3</u> 1		1.	\ <u>j</u>	器号
_	···		· · · · · · · · · · · · · · · · · · ·	······································	<del></del>		27
<ol><li>The name and s (if changed):</li></ol>	treet address of the	new registered ag	ent (if change	ed) and /o	r registere	d office	NEET PROPERTY.
	R	ALLEN NAUD	E _	·		7	¥ 23 STATE STATE
	25	SOUTHEAST	SECOND A	AVE.,	SUITE	808	- <u>Sin</u> &
		(P.O. Box or persons	al mailbox NOT a	oceptable)		1	
-	MIA	MI, FLORID	A 33131-	-1603	. , <u>,,,</u>	<u> </u>	·
The street address changed will be i	s of its registered o dentical.	ffice and the stree	et address of	the busin	ess office	of its registe	ered agent, as
Such change was the board, or the	authorized by reso	lution duly adopt in notified in writ	ted by its boating of the ch	rd of dire ange.	ectors or b	y an officer	so authorized by
1	J. Jan		`_	R. A		1 -	PRESIDENT
	ditired to other or din	ctor)			(Printed or	typed name and	ifle)
I further agree to duties, and I am f being filed merely	ne appointment as r comply with the pr amiliar with and a to reflect a chang riting of this chang	ovisions of all st ccept the obligati e in the registere	and agree to atutes relativ ion of my pos d office addr	act in this e to the p ition as r ess, I her	s capacity roper and egistered eby confir	l complete pe agent. Or, i m that the co	erformance of my f this document is orporation has
	A. Sauce		 	осто	BER 22	2, 2003	
<del>(8</del> )	Bradure of Registered Age	ent)				(Date)	
If signing on beha	of an entity:		<del></del>			!	
						<u>i</u> =: • :=	
. (	Typod or Printed Name)			<del></del>	,	(Capacity)	<del></del>

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