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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: HAVERMAN LAW FIM CHANTERED  Name of Corporation
DOCUMENT NUMBER: PO300000341
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:
DAMIEL L. HAVERMAN Name of Contact Person
HAVERMAN LAW FIM CHArtered
301 CRAWford Blud, # 101
Bock RAtom FZ 33432  City/State and Zip Code
DHAUCTMAN CHAUCTMAN (AW , COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Mill HAVEMAN   at   561   393-0404     Name of Contact Person   Area Code & Daytime Telephone Number
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 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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 PLOTICA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HAVERMAN LAW FIRM CHARIELED
2. The principal office address: 301 Clawford Klvv, # 10
1SXA RATOR, FZ S3432
3. The mailing address (if different):
4. Date of incorporation/qualification: ////2003 Document number: P030000034/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
DANIEL L. HAVERMAN
1489 W. PALMETTO PATE NO, #497 PE
BOCA RATOR, FE 33486
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
301 CRAWFORD Blud, #101
Boca Ration 12 33432
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.
Signsture of an officer or director  DAMCINHA VENT  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.
Signardire of Registered Agent Date
If signing on behalf of an entity:
DAMEL L. HAVETMA
IJAM CI CI / I / TUCI MAN

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

Typed or Printed Name