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PICK-UP WAIT MAIL		
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COVER LETTER

TO: Am Div	nendment Section vision of Corporations	
SUBJECT	Falls Management Services (Name of Co.	Company rporation)
DOCUME	NT NUMBER: P03000002153	
The enclose	ed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please retur	n all correspondence concerning this matter t	to the following:
	Jack Taplin	
	(Name of Cont	act Person)
	Falls Management Services (Firm/Con	s Company npany)
	13651 N.W. 4th Street (Addre	ess)
	Pembroke Pines, FL 33028	
	(City/State and	Zip Code)
For further	information concerning this matter, please ca	JI:
Jack Tap	(Name of Contact Person)	at (954) 437-1435 (Area Code & Daytime Telephone Number)
Enclosed is	a \$35.00 check made payable to the Departm	nent 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Falls Management Services Company
2. The principal	office address: 13651 N.W. 4th Street, Pembroke Pines, FI 33028
3. The mailing a	address (if different): Same
4. Date of incor	poration/qualification: 01/07/2003 Document number: P03000002153
	d street address of the current registered agent and registered office on file with the rtment of State:
	Robert Montaperto
	2240 SW 33rd Terrace
	Robert Montaperto 2240 SW 33rd Terrace Ft. Lauderdale, FL 33312
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Sarah Ward
	13651 N.W. 4th St.
	(P.O. Box NOT acceptable) Pembroke Pines, FI 33028
	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Jack Taplin, President (Printed or typed name and title)
I hereby accept I further ogree of my dalies, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Sau	gnature of Registered Agent) 7/3/07 (Date)
If signing on be	ehalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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