## P03000004750

(Requestor's Name)					
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(Cit	ty/State/Zip/Phone	<del>;</del> #)			
PICK-UP	☐ WAIT	MAIL			
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## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: Abbey L. Kaplan, P.A.  Name of Corporation						
DOCUMENT NUMBER: P0300004750						
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:						
riease return an correspondence concerning this matter to the following.						
Abbey L. Kaplan Name of Contact Person						
Name of Contact Person						
Kluger Kaplan Firm/Company						
Finiscompany						
201 S Biscayne Blvd., Suite 1700						
Address						
	•					
Miami, FL 33131						
City/State and Zip Code						
akaplan@klugerkaplan.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Abbey L. Kaplan at ( 305 ) 379-9000	1					
Abbey L. Kaplan at (305) 379-9000  Name of Contact Person Area Code & Daytime Telephone	Vumber					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Street Address:						
Amendment Section Amendment Section  Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

· · · · · · · · · · · · · · · · · · ·	·		607.1508, or 617.1508, Flo ed under the laws of the Sta	
			d anaer the taws of the Sta d agent, or both, in the Sta	
	the corporation: Abbey office address: 201 S. E		P.A. , Suite 200, Miami, FL	. 33131
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	1/13/2003	Document number:	P03000004750
	I street address of the curr tment of State: (If resigne		nt and registered office on f	file with the
	Miami Center Regis	tered Agents,	LLC	•
	201 S. Biscayne Blv	/d., Suite 1700	1	
	Miami, FL 33131			
6. The name and (if changed):	l street address of the new	registered agent (	if changed) and /or register	red office
	Abbey L. Kaplan			
	201 S. Biscayne Blv			
	Miomi El 22121	P.O. Box NOT ac	ceptable	W. T.
	Miami, FL 33131			
The street address changed will	ess of its registered office be identical.	and the street ad	dress of the business offic	e of its registered agent,
Such change-wa authorized by th	as authorized by resolution to board, or the corporati	on duly adopted b on has been notif	y its board of directors or ied in writing of the chang	by an officer so
		<b>\$</b>	Abbey L. Kapla	
	re of an officer or director	<del>)                                    </del>	Printed or typed nam	ne and title
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regis to comply with the provis d I am familiar with and ng filed merely to reflect s been notified in writing	stered agent and a ions of all statute accept the obliga a change in the r of this change.	igree to act in this capacil s relative to the proper ar tion of my position as reg egistered office address, l	ty. id complete performance istered agent. Or, if this hereby confirm that the
		_	5/26/1	O
	half of an entity:	)	Date	
Abbey	L. Kaplaw yped or Printed Name			

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