63000011287

| (Requestor's Name) | | | | | | |
|--|--|--|--|--|--|--|
| • | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| . – – – – | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| • | | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Cartificat Carries Cartificates of Chabins | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| · | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



500105280865

07/05/07--01023--021 **140.00

FILED

SECRETARSEE FLORIDA

E.B. Max

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: ADJUSTERS GROUP 2000 FT. LAUDERDALE, INC. (Name of Corporation) |
| (Italie of Corporation) |
| DOCUMENT NUMBER: 903000011287 |
| 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: |
| |
| JEROME L. ROSEN |
| (Name of Contact Person) |
| |
| JEROME L. ROSEN, CPA |
| (Firm/Company) |
| |
| 7880 N UNIVERSITY DRIVE, SUITE 201 |
| (Address) |
| |
| TAMARAC, FL 33321 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| JEROME L. ROSEN at (954) 722-9250 |
| (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

| | provisions of sections 607.0502, 6. ange is submitted for a corporation | | | | | |
|------------------------------------|---|--|--|---|-------------------------------------|--------------|
| | er to change its registered office or | - | - | • | 97 | |
| 1. The name of | the corporation: ADJUSTERS GRO | OUP 2000 FT. LAU | IDERDALE, INC. | L CR | ۔ ع | 7 |
| 2. The principal | office address: 6241 PEMBROKE | ROAD, HOLLYWO | OOD, FL 33023 | HASSE | / | - |
| 3. The mailing a | address (if different): | | | DF SIAI E. FLORI | - | |
| 4. Date of incor | poration/qualification: 0/30/03 | Docun | nent number: P0300 | 00011287 | | |
| 5. The name and | d street address of the current regist rtment of State: | | | | | |
| | JEROME L. ROSEN | | | | | |
| | 7880 N UNIVERSITY DRI | VE, SUITE 201 | | | | |
| | TAMARAC, FL 33321 | | | | | |
| 6. The name and (if changed): | d street address of the new registere | ed agent (if changed | d) and /or registered | office | | |
| | BARRY BROWN | • | | ··· ••· | | |
| | 6241 PEMBROKE ROAD | | | | | |
| | (P.O. Box NOT ac | · · | | | | |
| | HOLLYWOOD, FL 33023 | | | _ | | |
| The street addr as changed will | ess of its registered office and the lbe identical. | street address of ti | he business office o | f its registere | ed agent | ' , |
| Such change w authorized by t | as authorized by resolution duly a he board, or the corporation has b | dopted by its boar een notified in wri | d of directors or by ting of the change. | an officer so |) | |
| (Signat | ure of an officer or director) | BARRY | BROWN, PRESID | | | |
| _ | the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c | ent and agree to a all statutes relative he obligation of m e in the registered hange. | ct in this capacity, to the proper and c y position as registe office address, I he | complete per cred agent. (reby confirm | formanc Or, if thi 1 that the | e is e |
| | | | 6/21/07 | | | |
| -(Si | gnature of Registered Agent) | | (Dáte) | | | |
| | chalf of an entity: | | | | | |
| - (SAN | Tyled or Printed Name) | | | | | |

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