

P03000019430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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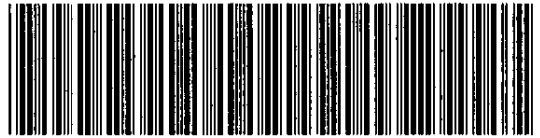
(Business Entity Name)

(Document Number)

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## Address Change

**SUBJECT:** Jena Rissman Atlass, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P03000019430

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:

Jena Rissman Atlass  
Name of Contact Person

Savage & Atlass, P.L.  
Firm/Company

3999 Sheridan Street, Suite 200  
Address

Hollywood, FL 33021  
City/State and Zip Code

jatlass@savageatlass.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jena Rissman Atlass at ( 954 ) 985-1005  
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