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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: JENA RISSMAN ATLASS, P.A. Name of Corporation				
DOCUMENT NUMBER:				
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				
Name of Contact Person				
Savage & Atlass, P.L.				
Firm/Company				
3999 Sheridan Street, Suite 200				
Address				
Hollywood, FL 33021 City/State and Zip Code				
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				
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

statement of chan	ge is submitted for a corporation of	organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.
1. The name of th	e corporation: JENA 1	RISSMAN ATLASS P.A.
		SHERIDAN ST. SLITE 200
	HOLLYWE	000, FL 33021
3. The mailing ad	dress (if different):	
4. Date of incorpo	pration/qualification: 2 18	003 Document number:PO3 0000 9 4 3
5. The name and	•	red agent and registered office on file with the
	Savage & Atlass, P.L.	
	801 NE 167th Street, Suite	302
-	North Miami Beach, FL 331	62
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office
_	Savage & Atlass, P.L.	
	3999 Sheridan Street, Suite	200
-		ox NOT acceptable
-	Hollywood, FL 33021	
The street address as changed will be	ss of its registered office and the special identical.	street address of the business office of its registered agent,
Such change was authorized by the	s authorized by resolution duly ac board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.
Signature	of an officer or director	Printed or typed name and title
l further agrée to of my duties, and document is bein	he appointment as registered age ocomply with the provisions of a l I am familiar with and accept th g filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and complete performance be obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the
Signa	ature of Registered Agent	Date
If signing on beh	- ·	
С	raig D. Savage	·
	ped or Printed Name	

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