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LAW OFFICES

Case & Muffler

A LIMITED LIABILITY PARTNERSHIP

## SUITE 102 2810 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FLORIDA 33306

JAMES L. CASE\* STEPHEN C. MUFFLER, LL.M. \*ALSO MEMBER MICHIGAN BAR (954) 563-1000 FAX (954) 565-2047 WEB SITE: www.floridaciosings.com

May 15,2003

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: MARIANNE STAPLETON, P.A.

Dear Sir:

Enclosed please find a Change of Registered Office or Registered Agent Form to be filed on behalf of the above referenced corporation, together with a check in the amount of \$35.00 representing the filing fee.

Please amend you records at your earliest opportunity to reflect the change.

Very truly yours,

JAMES L. CASE, P.A

Karen Block.

Legal Assistant

KB/01-118-217
Encl.
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Date Filed: April 16,2003

## FILED

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

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To the Secretary of State of the State of Florida.

TALLAHASSEE. FLORIDA

Pursuant to the provisions of Sections 607.0501 and 607.0502, Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent, in the State of Florida.

- 1. The name of the corporation is MARIANNE STAPLETON, P.A.
- 2. The name and address of its present registered agent is:

Filings, Inc.

3732 N.W. 16th Street

Fort Lauderdale, FL 33311

3. The <u>name and street address</u> to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE)

MARIANNE STAPLETON 691 Foresteria Avenue Wellington, FL 33414

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by re			s board of g	tirectors or by an
officer of the corporation so authorized I	by the board of o	directors.	- 1	5 ~ 0
	Signature:	Darien	ne ()	ppitotz_
		Marianne S	tapleton, P	res.
	Date:/	5/12/	103 (	<u>/</u>

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type/N	ame: Marianne Stapieton
Signature:	reani Intlit
Dated:	5-/12 03 (Agent)
	/ /