

PD3000062884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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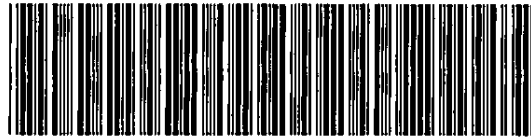
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PALEY
6-12-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CSI of Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000062884

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:

Thomas H. Loffredo
(Name of Contact Person)

Gray-Robinson
(Firm/Company)

401 East Las Olas Boulevard, Suite 1850
(Address)

Fort Lauderdale, Florida 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy M. Blanton at (954) 893-1141
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2007

THOMAS H. LOFFREDO
401 EAST LAS OLAS BLVD., SUITE 1850
FORT LAUDERDALE, FL 33301

SUBJECT: CSI OF FLORIDA, INC.
Ref. Number: P03000062884

We have received your document for CSI OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 907A00037744

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CSI of Florida, Inc.
2. The principal office address: 3325 Hollywood Boulevard, Suite 503
Hollywood, Florida 33021
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/06/2003 Document number: P03000062884
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Intrastate Registered Agent Corporation

701 Brickell Avenue, Suite 3000

Miami, Florida 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomas H. Loffredo, Esq.

Gray Robinson, P.A.


401 East Las Olas Boulevard, Suite 1850

(P.O. Box NOT acceptable)

Fort Lauderdale, Florida 33301

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Mack Blanton, DST

(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

May 21, 2007

(Date)

If signing on behalf of an entity:

Thomas H. Loffredo

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA