

P03000111660

Florida Department of State  
Division of Corporations  
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REGISTERED AGENT CHANGE

ALPHA NJ 1, INC.

Certificate of Status	0
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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: ALPHA NJ 1, INC.
2. The principal office address: 1801 CLINT MOORE ROAD, SUITE 115, BOCA RATON, FL 33487
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/9/03 Document number: F03000111660
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

IRWIN M. FROST
1111 BRICKELL AVENUE, STE 2050
MIAMI, FL 33131

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

CT Corporation System
w/o CT Corporation System, 1200 South Pine Island Road
(PO. Box NOT acceptable)
Plantation, Florida 33324

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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.

By: [Signature]
[Signature] of an officer or director

Jay Starkman President + CEO
[Signature] of 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]
[Signature] of Registered Agent

11/1/05
(Date)

If signing on behalf of an entity:

PETER F. SOUZA
[Signature]
[Signature] of Entity Name

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