

PO3000137731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

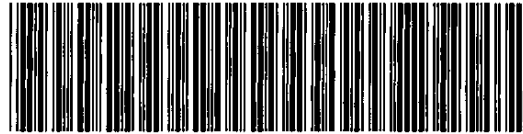
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800110201898

10/03/07--01023--005 **35.00

FILED
07 OCT -3 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Recher
10-3-07

L A W O F F I C E S O F

Barbara J. Krasnove, P.A.

5497 Wiles Road • Suite 206

Coconut Creek, Florida 33073

Tel. (954) 227-2277 • Fax (954) 345-6100

office@attorneybarbarakrasnove.com • www.attorneybarbarakrasnove.com

September 25, 2007

Robert Stukel
203 NE 2nd Ave.
Dania Beach, Fla. 33004

Re: Change of Registered Agent and Office

Dear Mr. Stukel:

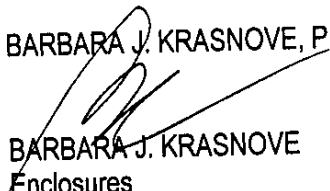
Per our conversation this week, please sign the enclosed form and send it along with a check in the amount of \$35.00 (payable to FLORIDA DEPT. OF STATE) to:

Division of Corporations
PO Box 6327
Tallahassee, Fla. 32314

If you have any questions please do not hesitate to call or e-mail at any time.

Yours truly,

BARBARA J. KRASNOVE, P.A.


BARBARA J. KRASNOVE
Enclosures

**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: Robert Stukel, Inc.
2. The principal office address: 203 NE 2nd Ave.
Dania Beach, Fla. 33004
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/2/2004 Document number: P03000137731

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Barbara J. Krasnove

2856 University Drive

Coral Springs, Fla. 33065

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

Robert Stukel

203 NE 2nd Ave.

(P.O. Box NOT acceptable)

Dania Beach, FL 33004

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.

Robert L Stukel
(Signature of an officer or director)

Robert Stukel, President
(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.

Robert L Stukel PRES
(Signature of Registered Agent)

9-30-07
(Date)

If signing on behalf of an entity:

Robert L Stukel PRES
(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)

FILED
07 OCT - 3 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA