P03000154023

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PICK-U	P WAIT MAIL			
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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R.A. Change AFT 4-15-05

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Law Offices of Jeffrey S. Marks (Name of corporation)
DOC	JMENT NUMBER: P03000154023
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jeffrey S Marks (Name of contact person)
	· · · · · · · · · · · · · · · · · · ·
	Law Offices of Jeffrey S Marks, PA (Firm/Company)
	2499 Glades Road, Suite 313 (Address)
	(Address)
	Boca Raton Florida 33431 (City/state and zip code)
L t	
ror tu	rther information concerning this matter, please call:
Jeffre	(Name of contact person) at (561) 416-9801 (Area code & daytime telephone number)
Enclo	sed 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 Pivision of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

statement of ch	nange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, the on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	is
1. The name of	f the corporation: Law Offices of Je	effrey S.Marks, P.A.	
2. The principa	al office address: 2499 Glades Roa	oad, Suite 313, Boca Raton FL 33431	
<u> </u>	······································		
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 12/18/2003	Document number: P0300154023	
	nd street address of the current regi- partment of State:	istered agent and registered office on file with the	
	Jeffrey S Marks	=======================================	700
,	2499 Glades Road, Suite 308		
1	Boca Raton FL 33431	HASS	2005 APR -8
6. The name a (if changed)		ered agent (if changed) and /or registered office	字 至 8: 5 器 8: 5
•	Jeffrey S Marks		
	2499 Glades Road, Suite 313		
ſ	(P.O. Box NOT	Cacceptable)	
į.	Boca Raton FL 33431		• •
The street add as changed w	lress of its registered office and th	he street address of the business office of its register	ed agent,
Such change authorized by	was authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	D
12/4	ature of an officer or director)	Jeffrey S Marks, P, D (Printed or typed name and title)	
I hereby acce I further agre of my duties, document is b corporation h	,	agent and agree to act in this capacity. If all statutes relative to the proper and complete per to the obligation of my position as registered agent, inge in the registered office address, I hereby confirm s change.	formance Or, if this n that the
6/6	(Signature of Registered Agent)	April 3, 2005 (Date)	
If signing on	behalf of an entity:		
LAW OFF	(Typed or Printed Name)	· 2 <u>2</u>	

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314