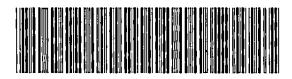
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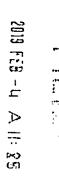
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COVER LETTER

TO: Amendment Section Division of Corporations FLAGAN MANAGEMENT CORP Name of Corporation 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: KEITH J. MERRILL, ESQ Name of Contact Person KEITH J. MERRILL, P.A. Firm/Company 7901 SW 67TH AVE, SUITE 206 Address MIAMI, FL 33143 City/State and Zip Code KJMPA@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEITH J. MERRILL, ESQ. Name of Contact Person 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

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the 2. The principal of	ne corporation: FLAGAN MANAGEMENT CORP office address: 9300 N.W. 36TH AVE., MIAMI, FL 33147
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 01/09/2004 Document number: P0400008433
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
·	ANTHONY VILLAAMIL RESIGNED/RETIRED
•	1611 SW 32ND AVE
	MIAMI, FL 33145
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	KEITH J. MERRILL, ESQ
	7901 SW 67TH AVE, SUITE 206
	MIAMI, FL 33143 P.O Box NOT acceptable
The street addreas changed will	ss of its registered office and the street address of the business office of its #8gistered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e-board, or the corporation has been notified in writing of the change.
Mant	e of an office for prector Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if this hereby confirm to Sign.	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. A Date half of an entity:
1 <u>(</u>	ped or Printed Name

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

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