P04000016018

(Requestor's Name)
alruma Kreats
- Carrier -
355 NE13 8174
- 7 3/-eye
adrienne Rosatz 555 NE 15 00 XI 7 31-eye mini, 4 33132
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Maria Maria Salara
Certified Copies Certificates of Status
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati	ites,
•	ed corporation organized under the laws of the State of Florida	
	llowing statement in order to change its registered office or registered agent, or both	ı, in
the State of Flo	f the corporation is: Adrienne Rogatz, P.A.	
I. The name of	i life corporation is.	<u></u>
_	address of the corporation is: 555 NE 15 Street, Unit 31-I	
Miami_	, Florida 33132	
3. Date of inco	orporation/qualification: 01/22/04 Document number: P0400001601	. 8
4. The name an	nd address of the current registered agent and office:	-
	UCC FILING & SEARCH SERVICES, INC.	-
	526 EAST PARK AVENUE	
	TALLAHASSEE, FLORIDA 32301	
5. The name an	nd address of the new registered agent and office: (P. O. Box Not Ageptable)	
	Dana M. Gallup	
	4000 Hollywood Boulevard-Suite 265 3outh	
•	Hollywood, Florida 33021	. 7.
The street addragent, as chang	ress of its registered office and the street address of the business office of its register ged, will be identical.	red
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer st	0
Phunn	V 709ab 0/17/64	
(Signature	e of an officer, charman or vice chairman of the board) (Date)	
Adrienr	ne Rogatz	, V .
	(Printed or typed name and title)	
Having been no corporation, I is I further agree performance of registered ages	amed as registered agent and to accept service of process for the above stated hereby accept the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as	·.
	(Signature of Registered Agent) (Date)	
If signing on beha	alf of an entity:	
_		1.
((Typed or Printed Name) (Capacity)	
	* * * FILING FEE: \$35.00 * * *	

CR2E045(7/97)