## P04000050949

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| - PICK-UP WAIT MAIL                     |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
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2009 SEP 10 PM 2: 39
SECRETARY OF STATE
ALLAHASSEE, FI NOTE.

R.A.

TB SEP 15 2009

## **COVER LETTER**

| TO: Amendment Section Division of Corporations |  |                                      |                     |
|--|--|--------------------------------------|---------------------|
| SUBJECT:                                       | Wroth Corp                             | <br>                                 |                     |
|  | Name of Corpo                          | ration                               |                     |
| DOCUMENT NUMBER:                               | P04000                                 | 050949                               |                     |
| The enclosed Statement of Change               | of Registered Office/Ag                | ent and fee are submitt              | ed for filing.      |
| Please return all correspondence co            | oncerning this matter to the           | he following:                        |                     |
|  | •                                      |                                      |                     |
|  | lonethan M                             | roth                                 |                     |
|  | Jonathan W Name of Contact             | Person                               |                     |
|  | rame of Contact                        | 1 613611                             |                     |
|  |  |                                      |                     |
|  | Wroth Corp                             |                                      |                     |
|  | Firm/Compa                             | iny .                                |                     |
|  |  |                                      |                     |
|  | 5463 N. State                          | Road 7                               |                     |
|  | Address                                | Road 7                               | <u> </u>            |
| •  | •                                      | • •                                  |                     |
|  | <b>.</b>                               | EL 00040                             |                     |
|  | North Lauderdale,<br>City/State and Zi | FL 33319                             |                     |
|  | City/State and Zi                      | p Code                               |                     |
|  | • •                                    |                                      |                     |
| E-mail addres                                  | s: (to be used for future              | e annual report notifi               | cation)             |
|  | (                                      |                                      | ······              |
|  |  |                                      |                     |
| For further information concerning             | this matter, please call:              |                                      |                     |
| David J. Fasano                                | CDA                                    | . 05/                                | E01 0110            |
| Name of Contact Pe                             | rson at                                | ( <u>954</u> )<br>Area Code & Daytin | ne Telephone Number |
| Number 1                                       | , , , , , , , , , , , , , , , , , , ,  | Thea code & Bay in                   |                     |
| Enclosed is a \$35.00 check made p             | ayable to the Departmen                | t of State.                          |                     |
|  |  |                                      |                     |
| <u>Mailing A</u>                               | ddress:                                | Street Address:                      |                     |
| Amendme  | ent Section                            | Amendment Sec                        |                     |
|  | of Corporations                        | Division of Cor                      | -                   |
| P.O. Box                                       |  | Clifton Building                     | -                   |
| Tallahass                                      | ee, FL 32314                           | 2661 Executive                       |                     |
|  |  | Tallahassee, FL                      | . 32301             |

TO:

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

| Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida St statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Fl  | Florida   |            |
|---|---|------------|
| 1. The name of the corporation: Wroth Corp II   |   |            |
| 2. The principal office address: 5463 N. State Road 7, North Ft. Lauderdale, FL 3   | 33319   |            |
| 3. The mailing address (if different): 1503 S. Cypress Road, Pompano Beach, FL  | . 33060   |            |
| 4. Date of incorporation/qualification: 3/22/2004 Document number: PO   | 04000050949   |            |
| 5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)  | h the   |            |
| Francy Adriana Wroth  | _   |            |
| 1503 S. Cypress Road  | 7 P. S  |            |
| Pompano Beach, FL 33060   | DO SE   | Ţ.         |
| 6. The name and street address of the new registered agent (if changed) and /or registered official (if changed):   | 2009 SEP 10 PM 2: 39 SECRETARY OF STATE TALLAHASSEE. FLORII       | T          |
| Jonathan Wroth  | FLO FLO   | <b>C</b> _ |
| 1503 S. Cypress Road  | 39<br>REF   |            |
| P.O. Box NOT acceptable Pompano Beach, FL 33060   | ,   |            |
| The street address of its registered office and the street address of the business office of its as changed will be identical.  |   |            |
| Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.  | officer so  |            |
| Signature of an officer or director Printed or typed name and till  | 10 5 51 (   |            |
| 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 com of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereb corporation has been notified in writing of this change. | aplete performance<br>d agent. Or, if this<br>by confirm that the |            |
| Signature of Registered Agent Date  | wool  |            |
| If signing on behalf of an entity:  |   |            |
| 9/3/07  |   |            |
| Typed or Printed Name   |   |            |

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