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COVER LETTER

TO: Amendment Se Division of Co		<i>,</i>					
SUBJECT:	KAHANE & ASSO	OCIATES, P.A. Corporation					
	Name of	Corporation					
DOCUMENT NUMB	ER:P04	4000097126					
The enclosed Statemen	it of Change of Registered Off	ice/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:							
ROBERT S. KAHANE							
Name of Contact Person							
KAHANE & ASSOCIATES, P.A.							
		Company					
	000/						
		ROAD SUITE 3000					
•	Ac	Idress					
PLANTATION FL 33324							
PLANTATION, FL 33324 City/State and Zip Code							
, = 							
rkahane@kahaneandassociates.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
HΕΛ	THER SOPKA	054 300 3406					
	of Contact Person	at (954)382 3486 Area Code & Daytime Telephone Nui	mher				
, ,	T Contact I cidon	And Gode & Dayline Telephone Ivan					
Enclosed is a \$35.00 check made payable to the Department of State.							
		•					
	Mailing Address:	Street Address:					
	Amendment Section	Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle					
	1 alialiassee, FL 32314	2001 Executive Center Circle					

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a	corporation organized	07.1508, or 617.1508, Flow under the laws of the State agent, or both, in the State	e of FLORIDA
1. The name of t	he corporation: KA	HANE & ASSO	CIATES, P.A.	
2. The principal	office address: 820	1 PETERS ROAD,	SUITE 3000	
		NTATION, FL 33		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	JUNE 25, 2004	Document number:	P04000097126
	street address of the c tment of State: (If resi		and registered office on fi	le with the
	ROBERT S. KAH	IANE		TAS 22
	1815 GRIFFIN R	OAD, SUITE 104		LLAN ECR
	DANIA BEACH,	FL 33004		2009 NOV 30 SECRETARY
6. The name and (if changed):	l street address of the n	new registered agent (if	changed) and /or registere	[7]
	ROBERT S. KAH	IANE		DE E
	8201 PETERS R	OAD, SUITE 3000)	
		P.O. Box NOT acce	ptable	
	PLANTATION, F	L 33324		
The street address changed will	ess of its registered of be identical.	fice and the street add	ress of the business office	e of its registered agent,
Such change was authorized by the	as authorized by resolute board, or the corporate	ution duly adopted by ration has been notifie	its board of directors or led in writing of the chang	by an officer so e.
	re of an officer or director	· ·	ROBERT S.	
Thereby accept I further agree to of my duties, an document is bei	the appointment as reto comply with the prod I am familiar with a ne filed merely to reflect been notified in writing	ovisions of all statutes and accept the obligati ect a change in the re	rree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	y, d complete performance stered agent. Or, if this hereby confirm that the
	partire of Registered Agent		OCTOBER 2	<u>29, 2009</u>
If signing on be	half of an entity: - Lahone yped or Printed Name			

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