## PH000100113

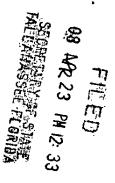
·
(Requestor's Name)
(Address)
(Address)
(Hadioso)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Doodnie Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
ſ

Office Use Only



600125052146

04/23/08--01024--015 ++35.00





## **COVER LETTER**

Division of Corporations
SUBJECT: OSUNFISAN 4 ASSOCIATES (Name of Corporation)
DOCUMENT NUMBER: P04000100713
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:
OLUSESAN JOBEPH OSUNFSAN (Name of Contact Person)
PRIMERICA FINANCIAL SERVICES (Firm/Company)
123 NW 13th ST, Suite 307
BOCA Raton FL 33432 (City/State and Zip Code)
For further information concerning this matter, please call:
Tol Osun Fisan at (954), 464-4373 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Amendment Section** 

TO:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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 Florida.
1. The name of the corporation: OSUNFISAN & ASSOCIATES, T.N  2. The principal office address: 123 NW 13 th ST, SUITE 307  BOCA RATON FL 33432
3. The mailing address (if different):
4. Date of incorporation/qualification: 71604 Document number: Po4000 100 7
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
OSUNFISAN & ASSOCIATES  4770 NW 2nd AVE # B  BOCA RATON FL 33431  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  123 NW 134 ST, Suite 3070 50 70 70 70 70 70 70 70 70 70 70 70 70 70
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.  OLUSESAN J.OSUNFISAN  [Printed or typed name and title]  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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed thereby to reflect a change in the registered office address, I hereby confirm that the corporation has been mittlied in writing of this change.  [Signature of Registered Agent]  If signing on behalf of an entity:
OLUSESAN J. OSUNFISAN (Typed 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 \* \* \*