

PO4000109643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

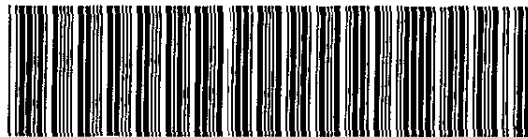
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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change

08/23/04--01028--014 \*\*35.00

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04 AUG 23 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AJR  
8/30/04

LAW OFFICES  
*Case & Muffler*  
A LIMITED LIABILITY PARTNERSHIP

SUITE 102  
2810 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FLORIDA 33306

JAMES L. CASE\*  
STEPHEN C. MUFFLER, LL.M.  
\*ALSO MEMBER MICHIGAN BAR

(954) 563-1000  
FAX (954) 565-2047  
WEB SITE: [www.floridaclosings.com](http://www.floridaclosings.com)

July 29, 2004

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

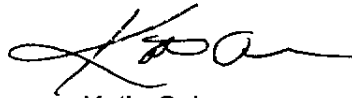
Re: Unicorn Management Company, Inc.

Dear Sir/Madame:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, together with a check in the amount of \$35.00, which represents payment of your fee, regarding the above-referenced company.

Sincerely,

JAMES L. CASE, P.A.



Katie Osborne  
Legal Assistant

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encs.  
G:\COMMON\JLC-PERS\Unicorn Sec of St.ltr

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UNICORN MANAGEMENT COMPANY, INC.

(Name of corporation)

**DOCUMENT NUMBER:** P04000109643

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:

James L. Case, Esquire

(Name of contact person)

James L. Case, P.A.

(Firm/Company)

2810 E. Oakland Park Blvd., Ste. 102

(Address)

Fort Lauderdale, Florida 33306

(City/state and zip code)

For further information concerning this matter, please call:

Karen Block

(Name of contact person)

at ( 954 )

563-1000

(Area code & daytime telephone number)

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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNICORN MANAGEMENT COMPANY, INC.
2. The principal office address: 2810 E. Oakland Park Blvd., Ste. 102, Fort Lauderdale, Florida 33306
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: July 23, 2004 Document number: P04000109643

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Filings, Inc., a Florida corporation

3732 N.W. 16th Street

Fort Lauderdale, Florida 33311

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James L. Case

2810 E. Oakland Park Blvd., Ste. 102

(P.O. Box NOT acceptable)

Fort Lauderdale, Florida 33306

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

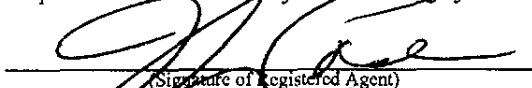
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

James L. Case

(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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

7/29/04  
(Date)

If signing on behalf of an entity:

JAMES L. CASE  
(Typed or Printed Name)

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

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