

Division of Corporations

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**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
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**REGISTERED AGENT CHANGE  
HANK GRACIN, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

**C. LEWIS**

AUG 30 2013

**EXAMINER**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**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: Hank Gracin, P.A.
2. The principal office address: 20283 State Road 7, Suite 300, Boca Raton, Florida 33498
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/23/2004 Document number: P04000173146
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Hank Gracin

20283 State Road 7, Suite 300

Boca Raton, Florida 33498

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

1825 N. Corporate Blvd., Suite 110

Boca Raton, Florida 33431

P.O. Box NOT acceptable

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 of the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Hank Gracin, President

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.

By: [Signature]

Signature of Registered Agent

August 29, 2013

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
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