## P0500011734

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Special Instruction	ns to Filing Officer:	]
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Office Use Only



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SECRETARY OF STALE TALLAHASSEE FLORIDA

PD (1) 8/10

## **COVER LETTER**

TO: Amendme Division o	nt Section f Corporations		1		
SUBJECT:	THOMAS FAMILY MANAGE OF	ANAGEMENT C	ORP.	_	
DOCUMENT NU	MBER:P	05000011734		<u> </u>	
The enclosed State	ment of Change of Registered O	ffice/Agent and fee are	e submitted for	r filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	; -	_	
		3			
	THOMAS	S, DAVID J. III	: !		
	Name of	Contact Person	· •		
			•		
	HOLYFIELD &		1		
	Firm	/Company	;	_	
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	\\				
	WEST PALM BE	ACH, FL 33407-6 e and Zip Code	105	<u></u>	
	•		•		
_	DJTHOMAS@HOLYF E-mail address: (to be used for				
	E-man address. (to be used it	or ruture annuar repo	rt Hothicatio	1)	
For further informa	tion concerning this matter, plea	se call:			
D.	AVID J. THOMAS	at ( 561	) . 68	39-6000 ephone Number	
Nar	ne of Contact Person	Area Code &	& Daytime Tel	ephone Number	
Enclosed is a \$35.0	00 check made payable to the De	partment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendr Division Clifton	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		
	·	Tallaha	ssee, FL 3230	01	

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

statement of ch	ange is submitted for a co	orporation organized	107.1508, or 617.1508, Flo I under the laws of the Sta	te of FLORIDA
		_	l agent, or both, in the Stat	•
	•		<u>MANAGEMENT C</u>	ORP.
	office address: 125 Bt			<del> </del>
WEST PA	LM BEACH, FL 334	07-6105		
3. The mailing a	address (if different):		j	
		<u></u>	•	
4. Date of incor	poration/qualification:	01/18/2005	_ Document number:	P05000011734
	d street address of the cur rtment of State: (If resign		t and registered office on f	ile with the
	THOMAS, DAVID	J. III		
	1601 FORUM PLA	CE, SUITE 801		
	WEST PALM BEA	CH, FL 33401		TALL
6. The name and (if changed):	d street address of the nev	v registered agent (if	changed) and /or registere	ed office
	THOMAS, DAVID	<b>J.</b> III		
	125 BUTLER STR		:	M 9:
	WEST PALM BEAG	P.O. Box NOT acc		ලා
			,	<del> </del>
The street address changed will	ess of its registered offic be identical.	e and the street add	ress of the business office	e of its registered agent,
Such change was authorized by the	as authorized by resoluti he board, or the corporat	on duly adopted by ion has been notifie	its board of directors or ded in writing of the chang	by an officer so e.
Signatu	is of any order of director		Printed or typed name	Thomas VP
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as regi to comply with the provi ad I am familiar with and ing filed merely to reflec s been notified in writing	stered agent and as sions of all statutes d accept the obligat t a change in the re g of this change.	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
( Da	mature of Persistered Agent		/ )	24 2010
If signing on be	chalf of an entity:		<u> </u>	
DAV	yped or Printed Name	7	,	

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