

PO5000019270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

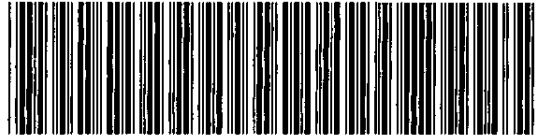
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Roberts NOV 13 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2007

JENNIFER LEVIN, ESQ.
JENNIFER LEVIN, P.A.
19380 COLLINS AVENUE, STE 1120
SUNNY ISLES BEACH, FL 33160

SUBJECT: JENNIFER LEVIN, P.A.
Ref. Number: P05000019270

We have received your document for JENNIFER LEVIN, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Jennifer Levin must sign below in the space provided on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 607A00063947

2007 NOV 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JENNIFER LEVIN, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000019270

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:

Jennifer Levin, Esq.
(Name of Contact Person)

JENNIFER LEVIN, P.A.
(Firm/Company)

19380 Collins Avenue, Suite 1120
(Address)

Sunny Isles Beach FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Levin, Esq. at (305) 785-4323
(Name of Contact Person) (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
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: JENNIFER LEVIN, P.A.
- 2. The principal office address: 19380 Collins Avenue, Suite 1120, Sunny Isles Beach FL 33160
- 3. The mailing address (if different): P.O. Box 1377, Hallandale, FL 33008
- 4. Date of incorporation/qualification: 02/07/05 Document number: P05000019270
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jennifer Levin
2425 East Commercial Blvd., Suite 100A
Ft. Lauderdale FL 33308

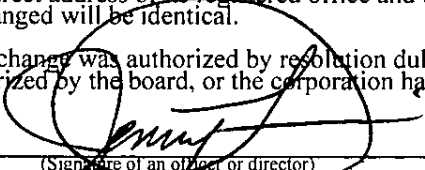
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jennifer Levin
19380 Collins Avenue, Suite 1120
(P.O. Box NOT acceptable)
Sunny Isles Beach FL 33160

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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.

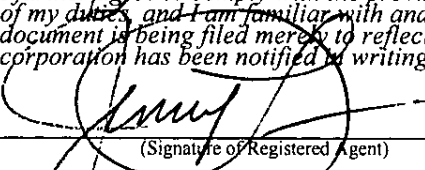


(Signature of an officer or director)

Jennifer Levin, 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.



(Signature of Registered Agent)

October 28, 2007

(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