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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CLSA GAGNON PA (Name of Corporation)		
DOCUMENT NUMBER: P 0 5 0000 7 6 204		
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:		
ELSA GAGNON (Name of Contact Person) ELSA GAGNON PA (Firm/Company)		
$\frac{1170 \text{ N} \leftarrow 97 \text{ th St}}{\text{(Address)}}$		
(Address)		
Micm: Shores (1.33138) (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (305) \rightarrow 59 - 020 \rightarrow (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 \(\oldsymbol{\infty} \oldsymbol{\lambda} \oldsymbol{\lambda} \) in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ELSA GAGNON, PA.
2. The principal office address: 11 30 N & 93 th Street
Migm: shores fl. 33138
3. The mailing address (if different):
4. Date of incorporation/qualification: 117 07 Document number: P0500076 204
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ELSA GAGNON
764 NE 76th Street
M:Gm: 61. 33138
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ELSA GAGNON SEED B
1170 NE 97th Street 70 7
miami Shares fl. 33138
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) - arrotticer or director) (Signature) - arrotticer or director) (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.
1111512007
(Date) If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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