P05000159965

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	. MAIL
(Bus	siness Entity Nar	ne)
(Dod	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lorraine O'Hanlon Rogers, P.A. (Name of Corporation)
DOCUMENT NUMBER: P05000159965
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:
Lorraine O. Rogers (Name of Contact Person)
Lorraine O'Hanlon Rogers, P.A. (Firm/Company)
4455 Military Trail, Suite 202 (Address)
Jupiter, FL 33458 (City/State and Zip Code)
For further information concerning this matter, please call:
Lorraine O. Rogers at (561) 301-0040 (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 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Lorraine O'Hanlon Rogers, P.A.
	office address: 222 Lakeview Avenue, Suite 210, West Palm Beach, FL 33401
3. The mailing a	ddress (if different): 4455 Military Trail, Suite 202, Jupiter, FL 33458
4. Date of incorp	poration/qualification: 12/06/05 Document number: P05000159965
	I street address of the current registered agent and registered office on file with the tment of State:
	Corporate Creations Network, Inc.
	11380 Prosperity Farms Road, Suite 221E
	Palm Beach Gardens, FL 33410
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of EXA SOLUTION CONTROL OF THE PROPERTY OF THE PR
	Lorraine O. Rogers
	4455 Military Trail, Suite 202
	(P.O. Box NOT acceptable) Jupiter, FL 33458
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Harry (Signatu	Lorraine O. Rogers, President (Printed or typed name and title)
	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
hous	el Rosen 6/21/07
If signing on be	half of an entity:
r)	yped 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 * * *