P050001U71449

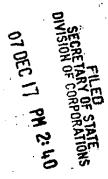
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600112982096

12/17/07--01038--007 **35.00



RO/Ch8
101/9/07

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Scott D. Lieberman, P.A. (Name of Corporation)			
DOCUMENT NUMBER: P05000167449			
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:			
Scott D. Lieberman (Name of Contact Per	son)		
Scott D. Lieberman, P.A. (Firm/Company)			
1301 International Parkway, Suite 140 (Address)			
Fort Lauderdale, FL 33323 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Scott D. Lieberman at (9 (A	385-5400 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

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