

PO6000035858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

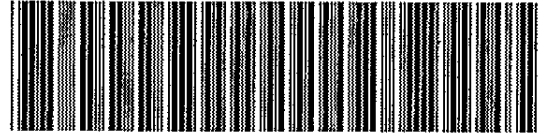
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300078812923

RA  
Change

08/25/06--01031--010 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 AUG 25 PM 1:58

AJP  
8/29/06

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Charles M. Baron, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000035858

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:

Charles M. Baron  
(Name of Contact Person)

Charles M. Baron, PA  
(Firm/Company)

18321 West Dixie Hwy., Suite 205  
(Address)

North Miami Beach, FL 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles M. Baron at ( 305 ) 933 9292  
(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

Charles M. Baron, P.A.  
18321 West Dixie Hwy.  
Suite 205  
North Miami Beach, FL 33160  
(305)933-9292

August 22, 2006

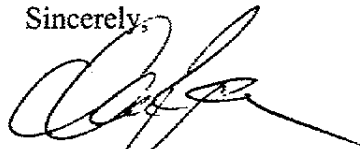
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

The principal address of the above professional association has changed from 1380 N.E. Miami Gardens Drive, Suite 206, North Miami Beach, FL 33179 to the address above, effective immediately. Enclosed is the Statement of Change of Registered Agent.

Thank you for your attention.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Baron', with a long horizontal flourish extending to the right.

Charles M. Baron, Esq.  
Director

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

FILED STATE  
SECRETARY OF CORPORATIONS  
2006 AUG 25 PM 1:58

1. The name of the corporation: Charles M. Baron, PA
2. The principal office address: 18321 West Dixie Hwy., Suite 205  
North Miami Beach, Florida 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/6/2006 Document number: P06000035858
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Charles M. Baron  
1380 N.E. Miami Gardens Drive , Suite 206  
North Miami Beach, Florida 33160

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

Charles M. Baron  
18321 West Dixie Hwy., Suite 205  
(P.O. Box NOT acceptable)  
North Miami Beach, Florida 33160

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]  
(Signature of an officer or director)

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.*

[Signature]  
(Signature of Registered Agent)

8/22/03  
(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  
CR2E045 (8/05)