## P06000048750

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
Gold Low Firm D A				
SUBJECT: Gold Law Firm, P.A.  (Name of Corporation)				
DOCUMENT NUMBER: P06000048750				
The enclosed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	C			
Samuel C. Gold				
(Name of Contact Person)				
Gold Law Firm, P.A. (Firm/Company)				
(				
P.O. Box 770824				
(Address)				
Nonlog El 24107 0924				
Naples, FL 34107-0824 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Michael Valverde	239 \ 248-8700			
(Name of Contact Person)	239 ) 248-8700 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address:			
	Street Address: Amendment Section			
Division of Corporations P.O. Box 6327	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, 617.050 unge is submitted for a corporation organ	ized under the laws of the State of Florio	da
in orde	r to change its registered office or registe	ered agent, or both, in the State of Florid	a.
1. The name of	the corporation: Gold Law Firm, P.A.		
2. The principal	office address: 680 98th Ave N., Naples	FL 34108	-
3. The mailing a	uddress (if different): P.O. Box 770824, I	Naples, FL 34107-0824	
4. Date of incor	poration/qualification: 4/16/2006	Document number: P0600004875	50
	d street address of the current registered a rtment of State:	gent and registered office on file with the	;
	Michael A. Valverde		
	680 98th Ave N.		2008 AUG SECRET TALLAHA
	Naples, FL 34108		AUG AHA
Naples, FL 34108  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Samuel C. Gold		9: 03 STATE LORID
	3948 Upolo Ln.		Dm &
	(P.O. Box NOT acceptable)		
	Naples, FL 34119		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its reg	istered agent,
Such change wa authorized by the	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an office tified in writing of the change.	er so
		Samuel C. Gold	
, ,	ure of an officer or director)	(Printed or typed name and title)	<del></del>
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent an to comply with the provisions of all stat and I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete igation of my position as registered age e registered office address, I hereby co	e performance int. Or, if this infirm that the
		8/5/2008	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
Samuel C. G			
(	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)