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C.COULLIETTE

JUN 15 2011

EXAMINER

COVER LETTER

TO: Amendmen Division of	at Section Corporations					
SUBJECT:	Stern & Stern Ass	sociates, Inc.				
	Name of Co	orporation				
DOCUMENT NUI	MBER: PO7	000014021				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all cor	rrespondence concerning this matter	to the following:				
		C				
Steven A. Stern, President Name of Contact Person						
Name of Contact Person						
Stern & Stern Associates, Inc. Firm/Company						
	rimi/Co	трапу				
13846 Atlantic Boulevard, Apt. 508						
	Addi	ress				
, reduced						
Jacksonville FI 32225						
Jacksonville. FL 32225 City/State and Zip Code						
	etava@etama	ndstern net				
steve@sternandstern.net E-mail address: (to be used for future annual report notification)						
	·	-				
For further information	tion concerning this matter, please c	all:				
;	Steven A. Stern	at (904) 619-6889				
Nam	ne of Contact Person	at (904) 619-6889 Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	0 check made payable to the Depart	ment of State.				
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flored under the laws of the State dagent, or both, in the State	e of Florida		
1. The name of	the corporation: Stern	& Stern Asso	ociates, Inc.	oj rioraa.		
2. The principal office address: 13846 Atlantic Boulevard, Apt. 508						
Jacksonville. FL 32225						
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	1/30/2007	Document number:	PO7000014021		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)						
	Steven A. Stern, Pr	resident		· · · · · · · · ·		
	932 1st Street North, #801					
	Jacksonville Beach	, FL 32250				
6. The name and (if changed):	d street address of the nev	v registered agent (if changed) and /or registere	d office		
	Steven A. Stern, Pr	resident				
	13846 Atlantic Boulevard, Apt. 508					
P.O. Box NOT acceptable						
Jacksonville. FL 32225 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 perporation has been potified in writing of the change.						
Signature of an officer or director Steven A. Stern, President Printed or typed name and title						
I further agree of my duties, an document is bei	the appointment as regi to comply with the provi ad I am familiar with and ing filed merely to reflec often notified in writing	sions of all statute I accept the obliga t a change in the i	agree to act in this capacity es relative to the proper and ation of my position as regi registered office address, I	, I complete performance stered agent. Or, if this hereby confirm that the		
Signature of Registered Agent Date						
	chalf of an entity:		J			
т	yped or Printed Name	<u> </u>				

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

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