## P07000023127

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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SEP 1 9 2014

T. CARTER

## COVER LETTER

noitae2 tnembremA

175 SW 7th Street, Suite 2111
Firm/Company
Total Panel of Broward, Inc.
Name of Contact Person
Diana Cannone
Please return all correspondence concerning this matter to the following:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
DOCUMENT NUMBER: PO700023127
Name of Corporation
SUBJECT: Total Panel of Broward, Inc.
Division of Corporations

E-mail address: (to be used for future annual report notification) diana@spaciodb.com City/State and Zip Code 05155 H, imsiM Address

For further information concerning this matter, please call:

at (786 353-0856

Name of Contact Person

Diana Cannone

Enclosed is a \$35.00 check made payable to the Department of State.

Tallahassee, FL 32301 2661 Executive Center Circle Clifton Building Division of Corporations Street Address: Amendment Section

Tallahassee, FL 32314 P.O. Box 6327 Division of Corporations Amendment Section Mailing Address: CBSE042 (03/15)

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

statement of ch	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statute poration organized under the laws of the State of <mark>Florida</mark> Office or registered agent, or both, in the State of Florida	<u> </u>
1. The name of	the corporation: Total Pa	anel of Broward, Inc.	
2. The principa	l office address: 175 SW	7th Street, Suite 2111, Miami, FL 331	30
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 2/2	21/2007 Document number: P0700002	3127
	d street address of the curre artment of State: (If resigned	nt registered agent and registered office on file with the l, enter resigned)	<b>:</b>
	Wertheim, Alexand	der	v
	92 SW 3rd St, Uni	t 905	
	Miami, FL 33130		TAL 14
6. The name an (if changed):		registered agent (if changed) and /or registered office	ECRETAR'S
	Wertheim, Alexand	der	SEE, FOR
	92 SW 3rd St. Uni	t 506	FLOR
	Miami, FL 33130	P.O. Box NOT acceptable	LA SIEN VIEN
The street addr	ess of its registered office a	and the street address of the business office of its regis	stered agent,
Such change wauthorized by t		duly adopted by its board of directors or by an office has been notified in writing of the change.	r so
	WS	Alexander Wertheim/Presid	ent
I hereby accep	ure of an officer or director  t the appointment as registe to comply with the provisic f my duties, and I am famili his document is being filed i that the corporation has b	Printed or typed name and title ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete iar with and accept the obligation of my position as re merely to reflect a change in the registered office addi een notified in writing of this change.	gistered ress, I
47 4	-	August 22, 2014	
Si	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	Wertherim Typed or Printed Name		

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