(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

Division of Corporations
SUBJECT: Floridy Pople's Union Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P070000 45213</u>
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:
DR. Kenneth Rosenblati (Name of Contact Person)
Florish People's Union Inc. (Firm/Company)
P.O. BOX 880 794  (Address)
BOCA RATON FL. 133488-0994 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person)  at (561) 482-9640  (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

## 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.	
1. The name of the corporation: Florida Reple's Union, Inc.	
2. The principal office address: Po-Box 880994	
BOCA RATION, FL. 33488-0994	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 4/12/87 Document number: P0700045213	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
DR. Kenneth Rosenblati	
7926 Tenny Son CourT	
BOCA RATOU, FC 33433	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	77
KARTIK KRISHNAIYER MER N	
10405 NW 6th ST  (P.O. Box NOT acceptable)	7
COMAL SCRINGS, FC 3307/ 55	
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 of an officer or director)  Kennet & Rocaubla II  (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 of Registered Agent) 5/10/07 (Date)	
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:	
(Typed or Printed Name)	
* * * FILENC FFF. 935 AA * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)