

P 0000006751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTRY OF SECRETARIES
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LENOFF AND LENOFF, P.A.
ATTORNEYS AT LAW
4800 NORTH FEDERAL HIGHWAY
BUILDING E - SUITE 301
BOCA RATON, FL 33431-5188 USA
VOICE:(561)409-8800 FAX:(954)427-6473

MICHELE M. LENOFF
MICHELE@LENOFF.COM

STEVEN LENOFF
STEVEN@LENOFF.COM

August 31, 2017

Amendment Section
Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **Change of address of registered agent**

Dear Sir/Madam:

I am the registered agent for the following entities:

ADVANCED ORTHOPAEDICS INC.

CHABAD LUBAVITCH OF BOCA RATON, INC.

REPRODUCTIONS-ONLINE.COM, INC.

I have enclosed a check in the amount of \$105.00 and a COVER LETTER and STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS to change the address of the registered agent for each of the above entities.

Respectfully submitted

Steven Lenoff

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ADVANCED ORTHOPAEDICS INC.
Name of Corporation

DOCUMENT NUMBER: P08000006751

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:

Steven Lenoff

Name of Contact Person

Lenoff and Lenoff, P.A.

Firm/Company

4800 North Federal Hwy Ste 301E

Address

Boca Raton, FL 33431

City/State and Zip Code

Steven@Lenoff.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Lenoff

Name of Contact Person

at (**561**) **409-8800**

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

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.

1. The name of the corporation: ADVANCED ORTHOPAEDICS INC.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P08000006751
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 Lenoff
1761 West Hillsboro Boulevard Suite 405
Deerfield Beach, FL 33442

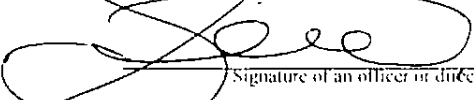
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Steven Lenoff
4800 North Federal Highway Building E Suite 301
P.O. Box NOT acceptable
Boca Raton, FL 33431

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17 SEP - 1 PM 12:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

 as authorized agent Steven Lenoff, as authorized agent
Signature of an officer or 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.

 as regis agent August 31, 2017
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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