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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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SECRETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

subject: Sha	afir, P.A. (Name of Corpo	oration)
		•
DOCUMENT N	UMBER: <u>P08000084955</u>	
The enclosed Stat	ement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all c	orrespondence concerning this matter to	the following:
	Michael A. Sh (Name of Contac	nafir, Esq.
	(Name of Contac	() elsony
	Shafir, (Firm/Comp	P.A. any)
	1401 Brickell Aver (Address	nue, Suite 510
•	Miami, Fl (City/State and Z	<u>33131</u>
For further inform	nation concerning this matter, please call:	
(N	Michael A. Shafir . a	at (<u>305</u>) <u>379-0305</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35	.00 check made payable to the Departmen	nt 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: Shafir P.A.
2. The principal office address: 1401 Brickell Avenue, Suite 510
Miami, FL 33131
3. The mailing address (if different): same
4. Date of incorporation/qualification: 9/16/08 Document number: P08000084955
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)
Michael A. Shafir
10450 NE 5th Avenue
Miami Shores, FL 33138
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael A. Shafir
1401 Brickell Avenue, Suite 510 (P.O. Box NOT acceptable)
Miami, FL 33131
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 partition has been notified in writing of the change.
(Signature of an officer or director) Michael A. Shafir, President (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.
10/8/08 Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(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 * * *