P09000045177

(Requestor's Name)
(Address)
(
, (Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
<u> </u>
1
(Business Entity Name)
(Document Number)
, , , , , , , , , , , , , , , , , , , ,
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
opeolar matruotions to 1 ming Omeon.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
-8× 0/
/ ^ / 1
\vee / \checkmark
/

Office Use Only



000159924640

08/31/09--01012--027 **70.00

PICED

SECHETARY OF STATE
SECHETARY OF STATE

Malion

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAW OFFICES OF ADAM HURTIG AND ASSOCIATES P. A (Name of Corporation)
DOCUMENT NUMBER: PO 90000 45177
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:
ADAMS. HURTIG (Name of Contact Person)
OFFICES OF ADAMS, Hutig PA (Firm/Company)
200 SW FIRST AVE-SUITE 840 \$
(Address)
FT. LAUDERDALE FL. 33301
(City/State and Zip Code)
For further information concerning this matter, please call:
STEVEN HURTIS at (954) 376-4810 (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2009

ADAM HURTIG 200 SW FIRST AVE., STE 840 FT. LAUDERDALE, FL 33301

SUBJECT: THE LAW OFFICES OF ADAM S. HURTIG AND ASSOCIATES, P.A.

Ref. Number: P09000045177

We have received your document for THE LAW OFFICES OF ADAM S. HURTIG AND ASSOCIATES, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 009A00029568

Carol Mustain Regulatory Specialist II

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: LAW OFFICES OF ADAM HURTIG AND ASSCIATES, P.A.
2. The principal office address: 200 SW FIRST AVE SUITE 840
FT. LAUDERDALE, FL. 33301
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: Po 9000 45/77
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ADAM S. HURTIG
ADAM S. HURTIGE
FT. LAUDELDALE F1. 33305 ==
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
200 SW FIRST AVE-Suite 840 (P.O. BOX NOT acceptable) FT LAUDERDALE, FL 33301
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 efficer or director) ADAM S. HURTIG 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *