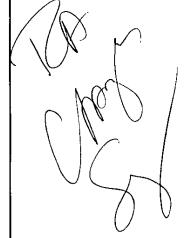
10900083769

(Requestor's Name)
Anthrop
(Address)
(Address)
(Hadiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manuactors to Filing Smeet.
Office Use Only





800183955358

08/09/10--01023--012 **35.00

13 EUG +3 PK 2: 32

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Shanna M. Wall Name of Corporation
DOCUMENT NUMBER: P09000 83760
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:
Shanna M Wal' Name of Contact Person
Shanna M Wall P.A. Firm/Company
1776 N. Pone Island Rd, Ste 311
Plantation, FL 32322 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Street Price M Wall at (U16) 792.1729 Name of Contact Person at (U16) 792.1729 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 Floridases in order to change its registered office or registered agent, or both, in the State of Floridases.
1. The name of the corporation: Sharna W. Wall, P. 4.
2. The principal office address: 1776 N. P.We Island Rd., Ste 311 Plantation, & C 3332 Z
Plantation, FC 3332Z
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/2/09 Document number: PD 90000 83760
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)
wall, Shanna M Meguster
1776 N. fine Island Rd, Str 224
plantation, FC 33321
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
Traverso, Jenniter
1776 N. Pire Island Rd, Str 311
Clantation, FL 33322
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 Printed or typed frame 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 * * *

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