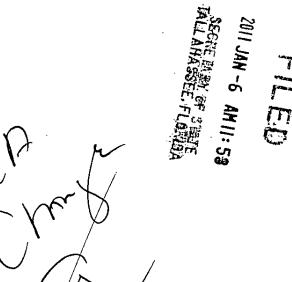
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	;			
SUBJECT: PODVIN & WAX, P.A.  Name of Corporation					
DOC	UMENT NUMBER:		00089384		
The ea	nclosed Statement of Chang	ge of Registered Office	/Agent and fee are submitt	ed for filing.	
Please	return all correspondence	concerning this matter	to the following:		
		Scott L.			
	<del></del>	Name of Con	tact Person	<del></del>	
		Podvin & V Firm/Coi			
		rimi/Coi	прану		
	,	1640 W. Oakland B	ork Blud Sto 301		
		1640 W. Oakland P Addro			
		Ft. Lauderdale	e. FL 33311		
	<del></del>	City/State and	Zip Code		
		spodvin@homest	mon lenalneat		
	E-mail addre		ture annual report notific	cation)	
For fu	rther information concerning	ng this matter, please ca	ıll:		
	Cootti Do	4.3	054	000 0454	
	Scott L. Po		at ( <u>954</u> ) Area Code & Daytin	ne Telephone Number	
			•	•	
Enclos	sed is a \$35.00 check made	payable to the Departr	nent of State.		
	Mailing	Address: nent Section	Street Address: Amendment Sec	tion	
		1 of Corporations	Division of Cor		
	P.O. Bo	•	Clifton Building	•	
		ssee, FL 32314	2661 Executive		
			Tallahassee, FL		

### Scott Podvin

From:

Scott Podvin [spodvin@homesteadlegal.com]

Sent:

Thursday, December 30, 2010 2:56 PM

To:

'corpaddresschange@dos.state.fl.us' 'spodvin@homesteadlegal.com'; 'barry@barrywax.com'

Cc: Subject:

change of address/ein for Document Number P10000089384

Tracking:

Recipient Read

'corpaddresschange@dos.state.fl.us'

'spodvin@homesteadlegal.com'

Read: 12/30/2010 2:58 PM

'barry@barrywax.com'

Barry M. Wax

Read: 12/30/2010 3:05 PM

Dear Sir:

The purpose of this letter is to change our law firm's address as well as to supplement our file to include our EIN.

The new address for Podvin & Wax, P.A. is as follows:

1640 W. Oakland Park Blvd.

Suite 301

Fort Lauderdale, FL 33311

Podvin & Wax's EIN is as follows:

27-3812790

Please update our file with the Secretary of State, Division of Corp.

### Respectfully,

Scott L. Fodvin, Esq.

Lead Attorney

Email: spodvin@homesteadlegal.com



1640 W. Oakland Park Blvd. Suite 301 Fort Lauderdale, FL 33311 954-626-6451 Direct 888-907-3796 ext. 1000 Toll Free 954-513-4229 Direct Fax www.homesteadlegal.com

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.150 hange is submitted for a corporation organized under der to change its registered office or registered agent	r the laws of the State of	Florida
1. The name of t	f the corporation: Podvin & Wax, P.A.		
2. The principal	al office address: 1640 W. Oakland Park Blvd.	., Ste 301	
3. The mailing a	address (if different):		
4. Date of incorp	prporation/qualification: 11/01/2010 Doc	ument number:	P10000089384
	nd street address of the current registered agent and reartment of State: (If resigned, enter resigned)	egistered office on file v	vith the
	Law Offices of Scott L. Podvin		
	6245 N. Federal Highway, Ste 203		7A 201
	Ft. Lauderdale, FL 33308		2011 JAN -6 SECRE MASSE
6. The name and (if changed):	nd street address of the new registered agent (if chang :	ged) and /or registered o	
	Law Offices of Scott L. Podvin		AM II: 5
	1640 W. Oakland Park Blvd., Ste 301		
	P.O. Box NOT acceptable  Ft. Lauderdale, FL 33311		
			<del></del>
as changed will	ress of its registered office and the street address o If be identical.	f the business office of	its registered agent.
Such change wa authorized by th	yas authorized by resolution duly adopted by its bo the board, or the corporation has been notified in v	oard of directors or by a writing of the change.	n officer so
	Scott	L. Podrin	
-	ture of an officer or director	Printed or typed name and	
I further agree to of my duties, and document is being corporation figs	of the appointment as registered agent and agree to to comply with the provisions of all statutes relati and I am familiar with and accept the obligation of sing filed merely to reflect a change in the register been notified in writing of this change	ive to the proper and co inv position as register ed office address, I her	implete performance red agent. Or, if this reby confirm that the
		30/10	
-	ighature of Registered Agent	Date	
	pehalf of an entity:		
Law Officer	Typed or Printed Name		

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