

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOEL BENJAMIN ROTHMAN, P.A.

Name of Corporation

DOCUMENT NUMBER: P10000103714

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:

JOEL B. ROTHMAN

Name of Contact Person

JOEL BENJAMIN ROTHMAN, P.A.

Firm/Company

4651 N. FEDERAL HWY

Address

BOCA RATON, FL 33431

City/State and Zip Code

joel.rothman@sriplaw.com

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

For further information concerning this matter, please call:

JOEL B. ROTHMAN

Name of Contact Person

at (**561**) **404-4335**

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

August 21, 2013

JOEL B. ROTHMAN
4651 NORTH FEDERAL HWY
BOCA RATON, FL 33431

SUBJECT: JOEL BENJAMIN ROTHMAN, P.A.
Ref. Number: P10000103714

We have received your document for JOEL BENJAMIN ROTHMAN, P.A. and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$10.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 013A00019929

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: JOEL BENJAMIN ROTHMAN, P.A.
2. The principal office address: 4651 N. FEDERAL HWY, BOCA RATON, FL 33431

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/1/2011 Document number: P10000103714

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)

JOEL B. ROTHMAN
5295 TOWN CENTER ROAD
BOCA RATON, FL 33486

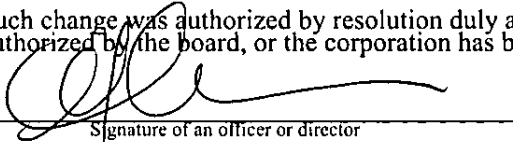
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOEL B. ROTHMAN
4651 N. FEDERAL HWY
P.O. Box NOT acceptable
BOCA RATON, FL 33431

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP -9 PM 2:45

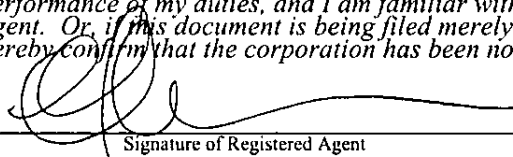
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

JOEL B. ROTHMAN, 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

9/2/13
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, TALLAHASSEE, FL 32314