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TO:	Amendment Sec Division of Cor	ction porations				
SUBJE	ECT:	IVY, MILLER &	WALKER, P	.A		
DOCU	MENT NUMBE	ER:P	1000048967	7		
		of Change of Registered Of	Tice/Agent and fe	e are submitted for filing.		
Please	return all corresp	ondence concerning this ma	tter to the followi	ng:		
		CAMILLE	MILLER, ESQ. Contact Person			
		Name of	Contact Person			
		IVY, MILLER	& WALKER, F /Company	² .A.		
		rım	/Company			
		700 EAST ATLAN		ITE 201		
		Α	.ddress			
		POMPANO E	BEACH, FL 330 and Zip Code	060		
		City/State	e and Zip Code			
		COLINSEL @IVYMII	I FRWAI KERI	AW NET		
	COUNSEL@IVYMILLERWALKERLAW.NET E-mail address: (to be used for future annual report notification)					
		`		•		
For fur	ther information	concerning this matter, pleas	se call:			
	CAMILLE	E MILLER, ESQ.	at (954	\ 691-4554		
		Contact Person	Area Co	691-4554 de & Daytime Telephone Number		
Enclose	ed is a \$35.00 cho	eck made payable to the Dep	partment of State.			
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi Clif 266	et Address: endment Section sion of Corporations ton Building 1 Executive Center Circle		
			Tall	ahassee FL 32301		

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

	tr to change its registered office or registered agent, or both, in the State of Florida. the corporation: IVY, MILLER & WALKER, P.A.
	office address: 700 E. ATLANTIC BLVD, SUITE 201, POMPANO BEACH, FL 33060
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 05/23/2011 Document number: P11000048967
	d street address of the current registered agent and registered office on file with the etment of State: (If resigned, enter resigned)
	HORECIA I. WALKER.
	20594 NE 6TH CT, MIAMI FL 33179
6. The name and (if changed):	20594 NE 6TH CT, MIAMI FL 33179 If street address of the new registered agent (if changed) and /or registered office 700 E. ATLANTIC BLVD., SUITE 201 POMPANO BEACH, FL 33060 P.O. Box NOT acceptable
=	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by 1	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
H.C. Signalu	HORECIA I. WALKER, VPRESIDENT Printed or typed name and title
I further agree of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Holder Sig	nature of Registered Agent Date Date
If signing on be	half of an entity:
Т	yped 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 CR2E045 (8/05)