(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: State COUYT Enterprises, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P25110

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:

(Name of Contact Person)

The Rosen Group
(Firm/Company)

. 7860 GIOCLES ROAD SUITE ZZO:

BOCA ROTON FL 33434.4103

For further information concerning this matter, please call:

(Name of Contact Person) at (561) 487.7887 (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

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

Pursuant to the provisions of section statement of change is submitted for	r a corporation org	ganized under	r the laws of the S	itate of Dicc	AVANG	<u>-</u>
in order to change its regi	stered office or reg	gistered agent	, or both, in the S	tate of Florida.		
1. The name of the corporation:	Statecou	ort En	TERPRISES	Inc		
2. The principal office address:	40 East	69th	Street		<u> </u>	
•	New York	k ny	10021		>± <b>Ξ</b>	
3. The mailing address (if different)	: (n) £( )	· - 44			R 22 I	î - de
4. Date of incorporation/qualification	on: JULY 3, 19	89 Doc	ument number: _	P25110		
5. The name and street address of the Florida Department of State:	e current registere	d agent and r	egistered office of	n file with the	: <b>12</b>	
Josep	n E. M	CGUIVE	>			
2499	610des	Rd, S	orte III	•••		
Boca	ROTON,	FL 33	431	·		·
6. The name and street address of the (if changed):  JOSEPH 1860	e new registered a  Control  C	guive Rolls	3434.410	ered office		
The street address of its registered as changed will be identical.	office and the stre	eet address o	f the business off	ice of its regis	tered agen	t,
Such change was authorized by reauthorized by the board, or the cor	solution duly ador poration has been	oted by its bo notified in w	ard of directors or the cha	or by an office nge.	r so	
Signature of an officer or directo	<del></del>	JOI	Printed or typed	RoseN name and title)	Ples.	
I hereby accept the appointment a. I further agree to comply with the of my duties, and I am familiar wit document is being filed merely to r corporation has been notified in w	s registered agent provisions of all s h and accept the c reflect a change in riting of this chan	and agree to tatutes relati obligation of the register	•			ce is ie
			3/1/6			
Signature of Registered Age	nt)		(Date	•		
If signing on behalf of an entity:			-1			
JOSEPH E. M	AGUINE			• .		
(Typed or Printed Name)		<del>,                                     </del>				
	* * FILING	FEE: \$35.06	)***)	٠.,		
MAKE CHE MAIL.TO: DIVISION C	CKS PAYABLE TO I F CORPORATIONS	FLORIDA DEI , P.O. BOX 6	ARTMENT OF ST 327, TALLAHASS	ATE SEE, FL 32314		

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