## P9300009921

1638 DONNA KOAD WEST PARM BEACH FC (Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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## 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.
1. The name of the corporation: CONTEMPORARY ENTERPRISES, INC.
2. The principal office address: 1638 DONNA ROAD
WEST PALM BEACH, FL. 33409
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/13/1993 Document number: P930000292
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)
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HLAN BIAS  1638 DONNA ROAD  ALECRETICAL SECRETION OF THE
WEST PALM BEACH, FL. 33409 SER &
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TINTHONY OFFICERS
PO. Box NOT acceptable
WEST PALM BEACH, FL. 33409
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  Signature of an officer or director  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.
QR RL- 5/26/09
Signature of Registered Agent Date
If signing on behalf of an entity:
ANTHONY BARBIERI Typed or Printed Name

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