## Requestor's Name Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

CR2E031(1/95)

## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the	
1. The name of the corporation is: MAYFAIR MANAGE	MENT, INC.
2. The mailing address of the corporation is: 6550 Nor	th Federal Highway, Suite 240
Fort Lau	derdale, FL 33308
3. Date of incorporation/qualification: 1/28/93	Document number: P9300006798
4. The name and address of the current registered agent and of	fice:
Keith Wasserstrom 515 E. Las Olas Blvd., Su	
Fort Lauderdale, FL 3330	1 ZE 8
5. The name and address of the new registered agent and office	e: (P. O. Box Not Acceptable)
Francis B. Brogan, Jr.	To 3
515 E. Las Olas Blvd., Su	ite 1500
Fort Lauderdale, FL 3330	1
The street address of its registered office and the street addragent, as changed, will be identical.	ess of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board	its board of directors or by an officer so
and the state of t	. •
(Signature of an officer, chairman or vice chairman of the boa	(Date)
Enk Adalling Pon	1
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept servi corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and accepted the agent.	ce of process for the above stated agent and agree to act in this capacity. relative to the proper and complete of the obligation of my position as
(Signature of Registered Agent)	11/50/98 (Date)
(Signature of Registered Ageht)  If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FIT INC FFF. \$35 AG

FILING FEE: \$35.00