P93000036934

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400288867334

08/15/16--01011--014 **35.00

RJA-ch 8/30/16



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: O'Connell & Goldberg, Inc.

Name of Corporation

P93000036934

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:

Barbara Goldberg

Name of Contact Person

O'Connell & Goldberg, Inc.

1955 Harrison Street, Ste 100

Address

Hollywood, FL 33020

City/State and Zip Code

bgoldberg@oandgpr.com

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

For further information concerning this matter, please call:

Elise Hotchkiss

203 917-4325
Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	mge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Stati rganized under the laws of the State of Flori gistered agent, or both, in the State of Flori	da	<u> </u>	
1. The name of	the corporation: O'Connell & Go	oldberg, Inc.			
2. The principal	office address: 1955 Harrison S				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 05-21-199	Document number: P9300003	36934	1	
	I street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with thigned)	ne		
	Barbara W. Goldberg		ZSE(ಕ	
450 N. Park Rd, Suite 600			LAHA LAHA	AUG	Ш
	Hollywood, FL 33021		SSEE,	5	TLED
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):		FLORIDA	AM 10: 33		
	Barbara W. Goldberg			•	
	1955 Harrison St, Suite 10				
	Hollywood, FL 33020	NOT acceptable			
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its reg	istered	agent	t,
Such change wa authorized by th	s authorized by resolution duly adopte board, or the corporation has been	oted by its board of directors or by an offic a notified in writing of the change.	er so		
Barbara W. Goldberg, CEC Signature of an officer or director Printed or typed name and title					
I hereby accent	the annointment as registered agent	, ,	e register dress, 1	ed '	
Sig	Pature of Registered Agent	Date			
If signing on be	half of an entity:				
T	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)