Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

Fax Number

: (702)866-2500 : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE AMY KIRSCHNER HYMAN, P.A., ATTORNEYS AT LAW

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COVER LETTER

TU:	Amendment Section Division of Corporations	OEC OEC
SUBJ	ECT: AMY KIRSCHNER HYMAN, P.A., ATTORNEYS AT LAN	DES 22 PM
DOC	UMENT NUMBER: P93000075933	
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitte	d for filing.
Please	e return all correspondence concerning this matter to the following:	
	Jackie DeFilippis	
	Name of Contact Person	
	InCorp Services, Inc.	
	Firm/Company	
	2360 Corporate Circle - Suite 400	
	Address	
	Henderson, NV 89074-7739	
	City/State and Zip Code	
	Documents@incorp.com	
	E-mail address: (to be used for future annual report notific	ation)
For fu	urther information concerning this matter, please call:	
J <u>ackie</u>	DeFilippis on behalf of Incorp Services, Inc.at (702)866-25 Name of Contact Person Area Code & Daytim	00 e Telephone Number
Enclo	sed is a \$35,00 check made payable to the Department of State.	·
	Mailing Address: Street Address:	.•
	Amendment Section Amendment Sec Division of Corporations Division of Corp	
	P.O. Box 6327 Clifton Building	

Tallahassee, FL 32314

CR2E045 (03/12)

H150003015483

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 sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of cha	inge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
I. The name of	the corporation: AMY KIRSCHNER HYMAN, P.A., ATTORNEYS AT LAW
2. The principal	office address: 6635 West Commercial Bivd., #214, Tamarac, FL 33319
3. The mailing a	address (if different): 6635 West Commercial Blvd., #214, Tamarac, FL 33319
4. Date of incorp	poration/qualification: 10/25/1993 Document number: P93000075933
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	HYMAN, AMY KIRSCHNER
,	6635 West Commercial Blvd., Suite 214
	Tamarac, FL 33319
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	InCorp Services, Inc.
	17888 67th Court North
	P.O. Box NOT acceptable Loxahatchee, FL 33470
The street add as changed wi	ress of its registered office and the street address of the business office of its registered agent, Il be identical.
Such change v	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	Amy Kirschner Human.
•	of the appointment as registered agent and agree to act in this canacity
I further agree performance a agent. Or, if i heroby confirm	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I in that the corporation has been notified in writing of this change.
Jackuy	White of Profisered Agent 12/20/2015
7	chalf of an entity:
Jackie Del	Filippis on behalf of Incorp Services, Inc. Typed 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
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