## P93000078790

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Design Galleries of Heritage House, In (Name of corporation)	aç.
DOCUMENT NUMBER: P93000078790	
The enclosed Statement of Change of Registered Office/Agent and fee a	are submitted for filing.
Please return all correspondence concerning this matter to the following	:
Christopher W. Wittenauer (Name of person)	<del></del>
Paule, Camazine & Blumenthal, P.( (Name of firm/company)	<u>.                                    </u>
165 N. Meramec, Sixth Floor (Address)	
St. Louis, MO 63105 (City/state and zip code)	
For further information concerning this matter, please call:	
Christopher W. Wittenauer at (3) (Name of person)	314 ) 727–2266 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 Tallabasses FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FI 32399

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, t	his statement of
_	tted for a corporation organized under the laws of the State ofFlorida	in order
to change its reg	istered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Design Galleries of Heritage House, Inc.	
2. The principal	office address: 711 East Las Olas Boulevard	
	Fort Lauderdale, FL 33301	
3. The mailing a	ddress (if different): N/A	
4. Date of incorp	oration/qualification: 11/16/93 Document number: P93000078790	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State:	
	Bonnie Barnett	
	441 N.E. 4th Avenue	날, <b>오</b>
	Ft. Lauderdale, FL 33301	O4 FEB -9
		题 8- 四
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	9 PM 9 PM RY OF SEEL
	Ronald D. Reed II	FSTAT FLOR
	711 East Las Olas Boulevard	器 5
	(P.O. Box or personal mailbox NOT acceptable)	<b>"</b>
	Fort Lauderdale, FL 33301	
The street addres	ss of its registered office and the street address of the business office of its register identical.	ed agent, as
Such change wath	s authorized by resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	o authorized by
- hove	Ronald D. Reed II gnature of an officer or director)  Ronald D. Reed II (Printed or typed name and title	ie)
I hereby accept i I further agree to auties, and I am being filed mere been notified in	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, if ly to reflect a change in the registered office address, I hereby confirm that the con writing of this change.	
at state	2-1-04	
()	Signature of Registered Agent) (Date)	
If signing on bel	nalf of an entity:	
	(Typed or Printed Name) (Capacity)	

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