(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	09/02/0801006002 **35.00
(Business Entity Name)	
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TO: Amendme Division of	ent Section of Corporations	·
SUBJECT: Plan	ntag, Inc. (Name of Cor	poration)
DOCUMENT NU	UMBER: P9400001431	
The enclosed State	ement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to	o the following:
	Steven M. Shapiro	
	(Name of Conta	act Person)
	Plantag, Inc. (Firm/Com	pany)
11686 Maidstone Drive (Address)		
	(********	,
<u>\</u>	Wellington, FL 33414	
(City/State and Zip Code)		
For further inform	ation concerning this matter, please cal	1:
Steven Shapiro (Na	ame of Contact Person)	at (561) 793-5852 (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 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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PLANTAG, INC. (New addre
2. The principal office address: 11686 MAIDSTUNE DR.
WELLINGTON, FL 33414
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/29/93 Document number: P94000001431
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
STEVEN SHAPIRO
3111 FORTUNE WAY, SUITE B-18
W. PALM BEACH, FL 33414
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TACE 2008
11686 MAIDSTONE DR. 50 5
11686 MAIDSTONE DR. FR. DR. P. D. DR. P. D.
The street address of its registered office and the street address of the business office of its registered agent,
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.
(Spengative of an other opplity (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.
(Signature of Registered Agent)
If signing on behalf of an entity:
STEVEN S. H. APIRO (Typed or Printed Name)

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