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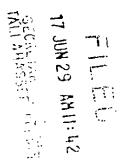
(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zi	p/Phone #)	
PICK-UP W	AIT MAIL	
(Business En	tity Name)	
(Document Number)		
Certified Copies Cer	tificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations Proports Tax Adjustors, Inc SUBJECT: Pa40000 28393 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: Gory A ADR/ Name of Contact Person Property Tax Adjustis Inc 233) Moridion Ave Mion, Beach, FL 33/39 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gory A Appel at (307 3426624)

Name of Contact Person at (307 3426624)

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 $\frac{1}{\sqrt{2}} \frac{1}{\sqrt{2}} \frac{1}{\sqrt{2}}$	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: 2. The principal office address: 2335 Mondian ALC MIGHT Beach FL 38/39	
2. The principal office address: 2335 Mondian ALC	
Miani Beach T-L 33/39	
3. The mailing address (if different): Sare	
4. Date of incorporation/qualification: 4/14/94 Document number: 19940000)	839
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Gury KAPpel	
4770 Biscayre Blut, Suite BECE	
Miami FL 38/37	i :
6. The name and street address of the new registered agent (if changed) and /or registered office $\stackrel{\circ}{=}$ $\stackrel{\circ}{=}$ $\stackrel{\circ}{=}$ $\stackrel{\circ}{=}$ $\stackrel{\circ}{=}$	Υ
Gory A Appel 5	
2335 Mondion Ave	
2337 Mondian Ave Po Box NOT acceptable Miani Beach, Fl 333139	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt.
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.	
G1.7 /4 April - P10	5
Signature of an officer or director 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.	
AM 6127/17	
Signature of Registered Agent Date	-
If signing on behalf of an entity:	
Typed 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 * * *