

**A & G Associates**  
of the Palm Beaches, Inc.

P.O. Box 866 • 518A Lucerne Ave. • Lake Worth, FL 33460

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

**P94000041849**

(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                        |
|-------------------------------------|----------------------------------------|
| <input type="checkbox"/>            | Amendment                              |
| <input type="checkbox"/>            | Resignation of R.A., Officer/ Director |
| <input checked="" type="checkbox"/> | Change of Registered Agent CC          |
| <input type="checkbox"/>            | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

3000002305853--7  
-09/29/97--01075--020  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 SEP 29 AM 7:56

R.A. Change  
9-30-97

Examiner's Initials

CC

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: AEG ASSOCIATES OF THE PALM BEACHES, INC.

2. The mailing address of the corporation is: P.O. Box 866 / 518A LUCERNE AVE.  
LAKE WORTH, FL 33460

3. Date of incorporation/qualification: 5 JUNE, 1994 Document number: P94000041849

4. The name and address of the current registered agent and office:

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD., SUITE 211  
PALM BEACH GARDENS, FL 33418

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

GARY M. BOGNER  
518A LUCERNE AVE.  
LAKE WORTH, FL 33460

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

24 SEPTEMBER, 1997  
(Date)

GARY M. BOGNER PRESIDENT  
(Printed or typed name and title)

24 SEPTEMBER, 1997  
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]  
(Signature of Registered Agent)

24 SEPTEMBER, 1997  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 SEP 29 AM 7:51