P9400068716 DIVISION OF COURT PH 1: 10

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TRANSMITTAL LETTER

.TO: Amendment Section Division of Corporations
SUBJECT: London Witte & Company, P.A.
(Name of corporation)
DOCUMENT NUMBER: P 94000068716
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:
Sarah C. Copeland
(Name of person)
London Witte & Company, P.A.
(Name of firm/company)
3101 N. Federal Hwy. Ste 700
(Address)
Fort Lauderdale, FL 33306
(City/state and zip code)
For further information concerning this matter, please call:
Sarah C. Copeland at (954) 566-4400 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

	he provisions of so of change is subm				508, Florida Statutes,
Florida	-	•	_		oj ine state oj t, or both, in the State
of Florida.					i, or boin, in the place
1. The name of	f the corporation:_	London Witte	& Company,	P.A.	03
2. The principa	al office address:_	3101 N. Feder	al Highway	Ste 700	Tax
	4.704	Fort Lauderda	le, FL 333	06	ა'
3. The mailing	address (if differe	nt):			
4. Date of inco	rporation/qualifica	tion: 10/15/94	De	oçument number	P 94000068716
	nd street address of artment of State:	the current registe	ered agent and	registered office	on file with the
M	ichael L. Trop,	Esq.			
	350 E. Las Ola	s Blvd Ste	1700		
	Fort Lauderdal	e, FL 33301			
6. The name a changed):	nd street address	-	ered agent (if	changed) and /o	or registered office (if
	3101 N. Fede	ral Hwy. Ste	700		
		(P.O. Box or personal ma	ilbox NOT acceptal	ole)	A.T.
,	Fort Lauderd	ale, FL 33306	5		
The street addreagent, as chang	ess of its registered ed will be identica	d office and the st	reet address o	f the business of	ffice of its registered
Such change was authorized by the	as authorized by re he board, or the co	esolution duly ado rporation has been	pted by its bo n notified in v	ard of directors vriting of the cha	or by an officer so ange.
Signature of an officer	, chairman or vice chairma	n at the based	Edward P. H	lirschberg, Pr	esident
I hereby accept I further agree performance of registered agen	the appointment of the comply with the my duties, and I at t. Or, if this docu. I hereby confirm to	is registered agen provisions of all m familiar with a ment is being filed	t and agree to statutes relati nd accept the I merely to re	o act in this cape ive to the proper obligation of m flect a change in	acity. cand complete y position as the registered
	ignature of Registered Age	nt)		(Date)	
If signing on behal	f of an entity:				
	Hirschberg		Presi	dent	
	vned or Printed Name)			(Canacity)	

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