P9400078585

(Requ	estor's Name)	
(Addre	: 55)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busin	ess Entity Nan	ne)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Fili	na Officer:	
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Office Use Only



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SECRETARY OF STAT ALLAHASSEEFFLOR

11/12/09

COVER LETTER

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d Ond Floor
d, 2nd Floor

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n lal report notification)
605) 644-4461
1 Code & Daytime Telephone Number
ate.
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 sec statement of change is submittee	d for a corporation organize	ed under the laws of the State	of Florida	
In order to change its r		ed agent, or both, in the State of		
2. The principal office address:	40005 0 11 0 11 0 1 5			
2. The principal office address	Miami, FL 33156			
3. The mailing address (if differ	ent):			
4. Date of incorporation/qualific	cation: 10/26/94	Document number:	P94000078585	
5. The name and street address of Florida Department of State:			with the	
Donald S. I	Rosenberg			
One S.E. T	hird Avenue, Suite 300	00		
Miami, FL 3	33131		ZIIII NOV SECRETI TALLAHA	
6. The name and street address of (if changed):	of the new registered agent ((if changed) and /or registered	AHASSI	
Clarence G	. Chase			
12805 S.W	. 84th Avenue Road, 2		PH 4: 28	
Miami, FL 3		ссерыне	49.	
The street address of its register as changed will be identical.	ered office and the street ad	dress of the business office	of its registered agent,	
Such change was authorized by authorized by the board, or the	y resolution duly adopted become the common transfer of the common t	by its board of directors or by fied in writing of the change.	y an officer so	
Signaltire of an officer or dir	7. rector	Clarence G. Chas	e, President	
I hereby accept the appointment of further agree to comply with of my duties, and I am familian document is being filed merely corporation has been notified.	nt as registered agent and a the provisions of all statut with and accept the oblige to reflect a change in the i in writing of this change.	agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, I h	complete performance tered agent. Or, if this ereby confirm that the	
Olas		October 30,	2009	
Signature of Registered		Date		
If signing on behalf of an entit	y:			
Typed or Printed Num	ne ne			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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