## P95000044853

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJE	ECT: TUCKER & KOTLER,PA (Name of Corporation)			
	(wante of Corporation)			
DOCU	MENT NUMBER: P95000044853			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
	return all correspondence concerning this matter to the following:			
	SCOTT KOTLER			
(Name of Contact Person)				
	TUCKER & KOTLER, PA (Firm/Company)			
	(Time company)			
2333 BRICKELL AVENUE (Address)				
	(*********)			
MIAMI, FLORIDA 33129				
	(City/State and Zip Code)			
For fur	ther information concerning this matter, please call:			
SCOT	T KOTLER at ( 305 ) 461-3627 (Name of Contact Person) (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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, nange is submitted for a corporation organized under the laws of the State of FLORID ler to change its registered office or registered agent, or both, in the State of Florida.	
	f the corporation: TUCKER & KOTLER, PA.	
	al office address: 2600 DOUGLAS ROAD	
MIAMI, FLO	ORIDA 33134	
3. The mailing a	address (if different):	<del></del>
4. Date of incorp	rporation/qualification: 06-02-1995 Document number: P95000044853	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	SCOTT KOTLER, ESQ	F 9
	2600 DOUGLAS ROAD	
·	CORAL GABLES, FLORIDA 33134	ASSE ASSE
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office :	OT JUL 16 PH 2: 23
	2333 BRICKELL AVE	DA
	MIAMI, FLORIDA 33129	
	(P.O. Box NOT acceptable)	
<del>-</del>	ress of its registered office and the street address of the business office of its registeral be identical.	
authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	80
Signati	ature of an officer or director)  (Printed or typed name and title)	<u>r</u>
I hereby accept I further agree to of my duties, an document is bei corporation hay	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete paind I am familiar will and accept the obligation of my position as registered agent. The property to deflect a change in the registered office address, I hereby confines the province of this change.	erformance Or, if this rm that the
XHOM	Moth 6/28/07	
(Sig	Signature of Registered Agent) (Date)	
If signing on be	pehalf 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 \* \* \*