

P96000002339

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIO.  
00 SEP -8 AM 11:00

LENORE Schiller PA  
Requester's Name

P.O. Box 144340  
Address

Coral Gables 33114  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known)  
902003386849-9  
-09/08/00-01073-005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

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

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

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

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

RA Address Chg.

Examiner's Initials *HS*

**STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of FLORIDA submits the following statement in order to change the registered office in Florida.

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1. The name of the corporation: LENORE SCHILLER, P.A.

2. The street address of the current registered office:

~~3406 Ponce de Leon Blvd, Downstairs~~  
OLD ~~6000~~ 1550 Madruga Ave, # 319  
Coral Gables, FL 33146

3. The street address of the new registered office:

3406 PONCE de LEON BLVD, DOWNSTAIRS  
CORAL GABLES FL ~~33134~~ 33134

The corporation has been notified in writing of this change.

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

Date: 4 Sept 2000

Lenore Schiller  
(Signature of Registered Agent)

LENORE SCHILLER  
(Printed or Typed Name)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to:  
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314