

## Division of Corporations

Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090001978043)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

## REGISTERED AGENT CHANGE

DORSKY HODGSON + PARTNERS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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

statement of ch	te provisions of sections 607.0502, 617.0502, 607.15 hange is submitted for a corporation organized unde der to change its registered office or registered agent	r the laws of the State of Florida	, 
1. The name of	of the corporation: DORSKY HODGSON + PARTNER	IS INC.	
• •	al office address: OST SUITE 2400 FORT LAUDERDALE FL 33394		
-	s address (if different):	801-3432 US	
4. Date of inco	proporation/qualification: 10/11/1996 Doc	ument number: P96000084108	
	nd street address of the current registered agent and reartment of State;	egistered office on file with the	
	A.G.C. CO	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	34. 8
	200 S ORANGE AVE STE 2300		FILED PILED
	ORLANDO FL 32801 US		源。后
6. The name an (if changed):			2:51 F. F. O.
	C T Corporation System		ēm.
	c/o C T Corporation System, 1200 South (P.O. Box NOT acceptable)	Pine Island Road	_
	Plantation, Florida 33324	<b>,</b>	
	ress of its registered office and the street address of its registered office and the street address of its beauthorized by resolution duly adopted by its be the board, or the corporation has been notified in v		agunt,
Signa	after of an officer or ansector)	brnelia Hodgsor	? President
l hereby accept further agree of my dulies, a document is be corporation ha	nt the appointment as registered agent and agree to to comply with the provisions of all statutes relati and I am familiar with and accept the obligation of sing filed merely to reflect a change in the register as been notified in writing of this change.	act in this capacity. ve to the proper and complete perfo my position as registered agent. Or ed office address, I hereby confirm to	rmance ; if this hat the
By: Das	elaio aburke	9909	
(S	Signature of Registered Agent)	(Date)	<del></del>
f signing on be	oshalf of an entity: Barbara A. Burke Special Assistant Secretary		
	(Typed or Printed Name)		
	* * * FILING FEE: \$35,00	) # # #	

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

FL008 - 09/14/2005 C T Symate Outline

CR2E045 (8/05)