

P96000093426

Requestor's Name

*Law Offices of
Braverman and Rossi*

625 NORTHEAST THIRD AVENUE
FORT LAUDERDALE, FLORIDA 33304

000002354990--0
-11/24/97-01014--012
*****35.00 *****35.00

Office Use Only

NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 DEC 11 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

12-15-97

789,709,671

Examiner's Initials

LFJ



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 2, 1997

Law Offices of Braveman and Rossi
625 Northeast Third Avenue
Ft. Lauderdale, FL 33304

SUBJECT: DEPOSITION SEARCH, INC.
Ref. Number: P96000093426

We have received your document for DEPOSITION SEARCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 297A00056947

RECEIVED
97 DEC 11 AM 8:46
DIVISION OF CORPORATIONS

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Deposition Search, Inc.
2. The mailing address of the corporation is: 625 NE 3rd Avenue, Fort Lauderdale,
Florida 33304
3. Date of incorporation/qualification: 11-14-96 Document number: P96000093426
4. The name and address of the current registered agent and office:

Incorporate Plus, Inc.
1214 N. University Dr.
Plantation, FL 33322

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Robert Slatoff
20801 Biscayne Blvd., Ste 505
Aventura, Florida 33180

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TALLAHASSEE, FLORIDA

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

X [Signature]
(Signature of an officer, chairman or vice chairman of the board)

11/28/97
(Date)

X Steve Rossi (president)
(Printed or typed name and title)

11/28/97
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

12-8-97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)