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(Requestor's Name)	_		
(Address)			
(1881-254)			
(Address)			
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

Mark.



COVER LETTER

TO: Amendment Section Division of Corporations		
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SUBJECT: JOHA	Name of Corporation	<u>)</u>
	Λα., αα-	,
DOCUMENT NUMBER:	19600009890	<u> </u>
The enclosed Statement of Change	of Registered Office/Agent	and fee are submitted for filling.
Please return all correspondence co	oncerning this matter to the fo	ollowing:
	JOHN LOWER	L.JR
	(Name of Contact Per	son)
	Inflat forder	- ΩΛ απ
	John howers (Firm/Company)	<u> </u>
	1855 LE JEUA	IE RD
	(Address)	
	Andre Are	h-)
	COLAL CABLE	ode)
For further information concerning	this matter, please call:	•
_	•	100 500 11071
(Name of Contact P	erson) at (305 520-2457 Trea Code & Daytime Telephone Number)
(traine of contact)	(1.	tou cour a payame relephone ramer,
Enclosed is a \$35.00 check made pa	nyable to the Department of	State.
<u>Mailing Ac</u> Amendme	Idress: nt Section	Street Address: Amendment Section
	of Cornerations	Division of Cornorations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

P.O. Box 6327

Tallahassee, FL 32314

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, this statement of change is submitted for a corporation organized under the laws of the State of Fkolish in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: JOHN LOWELL TRUPA.
1. The name of the corporation: JOHN LOWELL JR., P.A. 2. The principal office address: 2855 LE JEUNE RN., 4 TH FLOOP
CORAL GABLES, FL 33/34
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/4/96 Document number: P96000098900
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DENIS J. OLLE
100 SE 2"0 ST PER 3 T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JOHU LOWELL, JR
JOHU LOWELL, JR. 2855 LE JEUNE RO, 4 TH FLOOR (P.O. BOX NOT acceptable)
COPAL GABLES, FL 33134
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, or the corporation has been notified in writing of the change.
John houth John John John Jr. (Printed or typed name and title)
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
John July 9/7/07
f signing on behalf 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
CR2E045 (8/05)

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