P97000015809



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Office Use Only

CORPORAT _

8818 S.W 72ND STREET MIAMI, FLORIDA 33173

NUMBER(S), (if known):

1.	oration Name)	(Document #)
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☐ Walk in	Pick up time	Certified Copy
Mail out	Will wait Photocop	.,
NEW FILINGS	AMENDMENTS	**************************************
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/	Director The Fifth 9 of 1977
Limited Liability	Change of Registered Agent	THE YEAR
Domestication	Dissolution/Withdrawal	
Other	Merger	
		57 57
OTHER FILINGS	REGISTRATION/ QUALIFICATION	97 lina 14
Annual Report	Foreign	-
Fictitious Name	Limited Partnership	
Name Reservation	Entitied Farthership	

Reinstatement
Trademark
Other

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. GABLES CAPITAL MANAGEMENT, INC. 1a. The name of the corporation is:-Document number P97000015809 February 19, 1997 1b. Date of incorporation: The name and address of the current registered agent and office: INTRASTATE REGISTERED AGENT CORPORATION 701 Brickell Ave., Suite 3000, Miami, FL 33131 The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Philip A. Sigel 8818 S.W. 72nd Street Apt. F-136 Miami. Florida The street address of its registered agent and the street address of the business office of its registered agent as bhanged 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. Phillip A. Sigel, Exec. Vice President Typed or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE / (Registered Agent) DATE

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314

FILING FEE: \$35.00

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