P97000021867

Kequ	estor's Name	
4400 Nort Suite 401	International th Federal Highway on, Florida 33431	ODDDO2444450 -03/02/9801145006 *****35.00 *****35.0 Office Use Only
CORP	UMENT NU	MBER(S), (if known):
1. (Corpor	ation Name) (I	Document #)
		Document #)
	ation Name) (1	Document #)
3. (Corpor	ration Name) (I	Document #)
4		
(Corpor	ration Name) (I	Document #)
□ Walk in □	Pick up time	Certified Copy
☐ Mail out ☐	Will wait Photocopy	
7		
NEW FILINGS	AMENDMENTS	
I	Amandmant	
Profit	Amendment Resignation of R A Officer/ Di	ARETA STATE OF THE PROPERTY OF
NonProfit	Resignation of R.A., Officer/ Di	
NonProfit Limited Liability		AM IO:
NonProfit	Resignation of R.A., Officer/ Di Change of Registered Agent	
NonProfit Limited Liability Domestication	Resignation of R.A., Officer/ Di Change of Registered Agent Dissolution/Withdrawal Merger	E PER ALION
NonProfit Limited Liability Domestication	Resignation of R.A., Officer/ Di Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	E PER ALION
NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Resignation of R.A., Officer/ Di Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	AM IO:
NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Resignation of R.A., Officer/ Di Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	AM IO:
NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Resignation of R.A., Officer/ Di Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	A GF ST
NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Resignation of R.A., Officer/ Di Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	A GF ST

Examiner's Initials

Charter No. P97000021867 Date Filed March 11, 1997

STATEMENT OF CHANGE OF REGISTERED OFFICE

AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1.	The name of the corporation is
	7.5 96 7.5 96
2.	The name and address of its present registered agent is
	7.7
	CORPORATION SERVICE COMPANY
	1201 HAYES STREET TALLAHASSEE, FL 32301-2607
	TALLAHASSEE, FL 32301-2007
	The name and street address to which its registered agent is to be
ahon	ged is:
Chan	(P.O. BOX NOT ACCEPTABLE)
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	MARSHA RIMOKH
	4400 Federal Highway, Suite 401
	nama nakan Mlanida 22421
	Boca Raton, Florida 33431
	The street address of its registered office and the street address of
4.	the business office of its registered agent, as changed, are identical.
5.	Such change was authorized by resolution duly adopted by its board of
••	directors or by an officer of the corporation so authorized by the board
	of directors.
	Y Manually Possing
	Signature X MA all RESIDENT
	Date <u> </u>
	, , , –
HAVII	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
	STERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ISSUED OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.
PROV.	FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION
607.0	0505, FLORIDA STATUTES.
Plea	ase Print/Type Name · Marsha Rimokh
	$\sim 11/1184$ $\sim 11/1184$
Sign	nature X (Agent)
Date	1/2-160