7000084302 Описе ⊡аътъ CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ **QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

Other

Florida Department of State, Sandra B. Mortham, Secretary of State

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

rursuant to the provisions of sections 607.0502, 617.05 the undersigned corporation organized under submits the following statement in order to change both, in the State of Florida.	the laws of the State of the laws of the State of the sta
1a. The name of the corporation is: FRENCH	
16. The mailing address of the corporation is: 888	SE ZRA AUE BVITE 400
1c. Date of incorporation: 09/30/97	
2. The name and address of the current registered	agent and office:
Frederic M. Barthe	1AE 98
888 S.E. 3rd Avenue, Sui	
Ft. Lauderdale, FL 33316	75 2
3. The name and address of the new registered agent	and office:(P.O. Box Not Acceptable)
700 E DAMABEACH	ALVO SATEROR 高 5
The street address of its registered office and the registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by the board.	ted by its board of directors or by an office
(Signature of an officer, chairman or vice chairman of the board)	(Date) /
(Primed or typed name and tite) Having been named as registered agent and to accomposation, Thereby accept the appointment as registered agent and to accept further agree to comply with the provisions of all a performance of my duties, and I am familiar with a registered agent.	ept service of process for the above stated tered agent and agree to act in this capacity statutes relative to the proper and complete and accept the obligation of my position as
	7/01/98
(Signature of Registered Agent)	(Dam)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)