P97000085274

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Humb)				
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COVER LETTER

TO: Amendme Division	ent Section of Corporations						
SUBJECT:	LAW OFFICE OF MARC F		<u> </u>				
DOCUMENT N	UMBER: P970	00085274					
	ement of Change of Registered Office/	Agent and fee are submi	tted for filing.				
Please return all c	orrespondence concerning this matter t	o the following:					
MARC R. GOLDSTEIN Name of Contact Person							
	Name of Cont	act Person					
	LAW OFFICE OF MARC	R. GOLDSTEIN P	A				
	Firm/Con	трапу	<u> </u>				
	12300 SOUTH SHORE	BLVD., SUITE 218					
	Addie	33					
	WELLINGTON	. FL. 33414					
WELLINGTON, FL. 33414 City/State and Zip Code							
	LABKLYN32@HC	TMAIL.COM					
E-mail address: (to be used for future annual report notification)							
For further inform	ation concerning this matter, please cal	11:					
MA	ARC R. GOLDSTEIN	at (561)	791-9898				
Na	me of Contact Person	at (<u>561</u>) Area Code & Daytii	me Telephone Number				
Enclosed is a \$35.	00 check made payable to the Departm	ent of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildir	rporations				

Tallahassee, FL 32301

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

Pursuant to the	provisions of sections 60	97.0502, 617.0502, 6 propration organized	07.1508, or 617.1508, Flo l under the laws of the Stat	orida Statutes, th te of Florida	is	
in orde	er to change its registered	d office or registered	agent, or both, in the Stat	te of Florida.		
			R. Goldstein P A	<u> </u>		
2. The principal	office address: 12008	South Shore Blv	d., Suite 107			
Wellingtor	n, Fl. 33414					
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	10/01/1997	Document number:	P970000		
	d street address of the cur rtment of State: (If resign		t and registered office on t		TALL SEC	11 (
	Marc R. Goldstein					130
	12300 South Shore	e Blvd, Suite 218	3		ASSE	20
	Wellington, Fl. 33	3414			E. P.S	Ö
6. The name and (if changed):	d street address of the nev	w registered agent (i	f changed) and /or register	ed office	TATE ORIDA	0: 01
	Marc R. Goldstein			*		
	12008 South Shore	e Blvd., Suite 10	7			
		P.O. Box NOT acc				
	Wellington, Fl. 33	3414				
The street address changed will	ess of its registered office be identical.	ce and the street add	lress of the business offic	e of its register	ed agent,	
Such change wauthorized by t	as authorized by resolut he board, or the corpora	ion duly adopted by	tits board of directors or ed in writing of the chang	by an officer so ge.)	
/// Signatu	are of an officer of director	<u> </u>	Marc R. Golds	stein, PDST		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle Toeen notities in writh	istered agent and a isions of all statute d accept the obliga of a change in the re gof this change.	gree to act in this capaci, s relative to the proper a tion of my position as reg egistered office address, I	ty. id complete per istered agent. (I hereby confirn	formance Or, if this 1 that the	
Mehr	-8-11V		10/18/2	2011		
Sig	gnature of Registered Agent		10/18/2 Date	.011		
If signing on be	ehalf of an entity:					
τ	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 * * *