P97000086205

Law Offices LEVINSON & LICHTMAN, LLP

A Partnership of Professional Associations

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Jonathan J. Lichtman Member Florida and New York Bars Miami Office

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February 4, 1999

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Hartash Construction Associates, Inc.

Dear Sir or Madam:

Enclosed please find a Change of Registered Agent and Office form for filing with the Department of State, along with a check in the amount of \$35.00 for filing fee.

Should you have any questions, please do not hesitate to contact me at (561) 447-0017,

JJL/cb Encl.

H:\HARTASH\SecyStat.ltr.wpd

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 section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corp	oration is: HARTASH	CONSTRUCTION ASSOCIATES	, INC.	. ~
			,	
1a. Date of incorporation	110/6/97	Document number	P97000086205	
2. The name and addre	ess of the current register	ed agent and office:		
	an J. Lichtman			
English	n, McCaughan & O'Bryan,	P.A., 100 N.E. 3rd Ave.	, Suite 1100	
(P.O. Box No	s of the new registered ag it Acceptable)	gent and office:		•
Jonatha	n J. Lichtman, P.A.		-	
	ry Centre, Suite D-100 Federal Highway, Boca			
Such change was authori an officer so authorized b	zed by resolution duly ad y the board.	opted by its board of direct		
	SIGNATURE	By: otticia C. Make (name and title)	sociates inc.	
	DATE	1/99 =		
N THIS CERTIFICATE, I H AGENT AND AGREE TO A WITH THE PROVISIONS (HEREBY ACCEPT THE AIRCT IN THIS CAPACITY. OF ALL STATUTES RELAIDE MY DUTIES AND LAND	AND TO ACCEPT SERVICTION AT THE PLACE DESIGNATION AS REGIST I FURTHER AGREE TO CONTIVE TO THE PROPER AND ACCEPT AND ACCEP	GNATED ERED ► 6 OMPLY 5	

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

CR2E045 (7-90)

FILING FEE: \$35.00