

P97000102665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

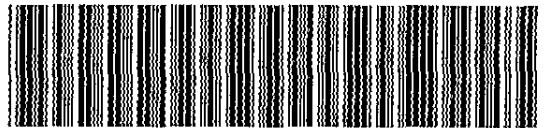
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/A chg. —

8/11/03



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 31, 2003

TRIAD PROFESSIONAL SERVICES, LLC
ATTN: SHARON M. KNOX
THE FORUM, 3290 NORTHSIDE PKWY. STE. 400
ATLANTA, GA 30327

SUBJECT: KAHN & WAXMAN, P.A.
Ref. Number: P97000102665

We have received your document for KAHN & WAXMAN, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6027.

Michelle Milligan
Document Specialist

Letter Number: 203A00044192



TRIAD PROFESSIONAL SERVICES, LLC

The Forum
3290 Northside Parkway, Suite 400
Atlanta, Georgia 30327

T 678.553.2300
F 678.553.2301

www.triadpros.com

July 21, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

**RE: Statement of Change of Registered Agent of Kahn & Waxman, P.A.
and K&W Consulting, Inc.**

Dear Sir/Madam:

Enclosed for filing with the Department of State is a Statement of Change of Registered Agent for Kahn & Waxman, P.A. and K&W Consulting, Inc., together with our check in the amount of \$70.00 in payment of the filing fees.

Please return date-stamped copies of the enclosed forms to my attention. I have provided duplicate copies, as well as a self-addressed, stamped envelope for your convenience in doing so.

If you have any questions, please contact the undersigned.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Sharon M. Knox". The signature is fluid and cursive, with a large, stylized "S" and "K".

Sharon M. Knox
Client Services Specialist

Enclosure

**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,
this statement of change is submitted for a corporation organized under the laws of the State of
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: KAHN & WAXMAN, P.A.
2. The principal office address: 2511 NW 53RD STREET
BOCA RATON, FL 33496
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/05/1997 Document number: P97000102665

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

JEFFREY S. KAHN

2255 GLADES RD., STE 419A

BOCA RATON, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

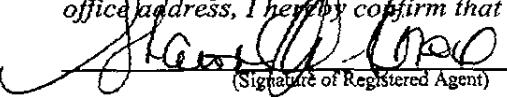
The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Jeffrey S. Kahn, President
(Printed or typed name and title)

*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 complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

7/28/03
(Date)

If signing on behalf of an entity:

By: Sharon D. Knox
(Typed or Printed Name)

Assistant Secretary
(Capacity)

NRAI Services, Inc.

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 AUG 11 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA