P97000104440

•				
(Requestor's Name)				
(Add)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boodine Hamber)				
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May 22, 2006

To Whom It May Concern:

Please file the enclosed Change of Agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 110$

Sincerely,

Jíll Probst

Corporate Services Department

COVER LETTER

Amendment Section Division of Corporations

TO:

OFFICE PAVILION	SOUTH FLORIDA, INC.				
	ime of Corporation)				
DOCUMENT NUMBER:	P97000104440				
The enclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
JI	LL PROBST				
(Name of Contact Person)					
NATIONAL SERVICE INFORMATION, INC					
	(Firm/Company)				
14	45 BAKER ST				
(Address)					
MARION, OHIO 43302					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
JILL PROBST	at (740) 387-6806 X 110				
(Name of Contact Person)	at (740) 387-6806 X 110 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the	e Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corpora P.O. Box 6327	tions Division of Corporations Clifton Building				
Tallahassee, FL 323					

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 6 statement of change is submitted for a c in order to change its registere	orporation organized	d under the laws of the S	State ofFL	
The name of the corporation:		_	•	
	e principal office address: 3521 ENTARPRISE WAY MIRAMAR FL 33025 US			
3. The mailing address (if different):				
4. Date of incorporation/qualification: _	12/11/1997	Document number: _	P97000104440	
5. The name and street address of the cu Florida Department of State:	ırrent registered agen	at and registered office o	on file with the TALL AH	
C/C	D HERMAN MII	LLER,INC	HASS	
855 E MAIN AVENUE MS0110				
ZEELAND MI 49464 US ZEELAND MI 49464 US				
6. The name and street address of the ne (if changed):	ew registered agent (i	if changed) and /or regis	DRIDA NICE	
	NRAI Service	s, Inc.		
2731	Executive Park	Drive, Suite 4		
(P.O. Box NOT acceptable)				
	Weston, FL	33331		
The street address of its registered off as changed will be identical.	ice and the street add	dress of the business of	fice of its registered agent,	
Such change was authorized by resolu authorized by the board, or the corpor				
Tang Chiling		James E. Christe	nson, Secretary	
(Signature of an officer or director) I hereby accept the appointment as re I farther agree to comply with the pro of my duties, and I am familiar with a document is being filed merely to refle corporation has been notified in writin (Signature of Registered Agent)	visions of all statute	agree to act in this capa s relative to the proper tion of my position as t egistered office addres	and complete performance	
If signing on behalf of an entity:				
Jil Pro bot Assista (Typed or Printed Name)	nt Saletany			

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