P97000105344

	(5)		
	(Re	equestor's Name)	
	(Ac	ldress)	
	(Ac	ldress)	
	(Ci	ty/State/Zip/Phone	<i>∌ #</i>)
	PICK-UP	☐ WAIT	MAIL
,	(Bi	siness Entity Nan	ne)
	(Do	ocument Number)	
Certifie	ed Copies	_ Certificates	of Status
Spec	ial Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STAIL TALL AHASSEE, FLORES

DEC 23 AH II:

PAChand 114105 DC

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: AAAB, Inc. (Name of corporation)					
DOCUMENT NUMBER: P97000105344					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jay M. Levy (Name of contact person)					
Jay M. Levy, P.A. (Firm/Company)					
9130 South Dadeland Boulevard Suite 1510 (Address)					
Miami, Florida 33156					
(City/state and zip code)					
For further information concerning this matter, please call:					
Jay M. Levy at (305) 670-8100 (Name of contact person) (Area code & daytime telephone number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Pivision of Corporations 409 E. Gaines Street Tallahassee, FL 32319					

CR2E045(6/04)

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	is 	
	the corporation: AAAB, Inc.		
	office address: 555 Sw 148th Avenue		
z. The principal	Sunrise, Florida 33325		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 12/16/97 Document number: P97000105344		
	d street address of the current registered agent and registered office on file with the rtment of State:		
	Bombart, Allen		
	555 SW 148th Avenue		
	Sunrise, Florida 33325	₹.	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECRET	O4 DEC
	Jay M. Levy	ARY SSEE	23
	9130 South Dadeland Boulevard Suite 1510	0F S	\(\frac{1}{2}\)
	(P.O. Box NOT acceptable)	DAI	11:2
	Miami, Florida 33156	's tu	~
The street address changed will	ess of its registered office and the street address of the business office of its registere be identical.	d agent,	
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change,	,	
die	in Frankat Allen Bombai	4	
7.1	the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete perform I am familiar with and accept the obligation of my position as registered agent. Complete merely to reflect a change in the registered office address, I hereby confirm to be proper and complete perform in the segment of the proper and complete perform in the segment of the proper and complete perform in the segment of the proper and complete perform in the segment of the proper and title).	formance Or, if this that the	
	greature of Registered Agent) 1.2 / 2 0/0 (Date)		
If signing on be	chalf of an entity:		
ſ	Tyned or Printed Name)		

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