P97000107760

(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



000163625840

AC 11/28/09

Address Change

SUBJECT: Craig D. Savage, P.A. Name of Corporation					
	Nume of Co.	porumon			
DOCUMENT NUMBER:	P970	00107760			
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:					
Jena Rissman Atlass					
	Name of Cont	act Person			
	0 0 A	Name D I			
Savage & Atlass, P.L. Firm/Company					
		· · · · · · ·			
3999 Sheridan Street, Suite 200					
Address					
Hollywood, FL 33021 City/State and Zip Code					
City/State and Zip Code					
jatlass@savageatlass.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jena Rissman	Atlass	at (954) 9	985-1005	
Name of Contact	Person	Area Code	e & Daytime To	985-1005 elephone 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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