#### LAW OFFICE

### MICHAEL J. MOSKOWITZ

2435 Hollywood Blvd. - Suite 203 Hollywood, Florida 33020-6629 (954) 923-9200

# 1000003781H

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, Florida 32314

Re:

Boaz Realty, Inc.

Dear Sir:

#### Attached are:

- 1. Statement of Change of Registered Agent for Boaz Realty, Inc.
- 2. Trust Account check #4143, made payable to your office, in the amount of \$35.00, for filing fee.

Sincerely,

Michael J. Moskowitz MJM:sr

400002542444--7 -06/01/98--01083--007 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

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## Florida Department of State, Sandra B. Morsham et ary 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 <u>Florida</u> , 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 corporation is:Boaz_Realty, Inc
1a. Date of incorporation April 20, 1998 Document number P98000037814
2. The name and address of the current registered agent and office:  Jacob Tzur, 16166 N.W. 27th Ave., Opa Locka, FL 33054
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)
Edward William Brinkman, 16166 N.W. 27th Ave., Opa Locka, FL 33054
The street address of its registered agent 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.  SIGNATURE  Edward William Brinkman, (name and title) President
DATE May 28, 1998
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.
SIGNATURE (Registered Agent)
DATE May 28, 1998

CR2E045 (7-90) FILING FEE: \$35.00

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