P98000042423

Roslyn f City/State	questor's Name  green Lang Address  Leight, NY 11577  /Zip Phone #	SECRETAIN OF STATE Office Use OnlyDo
1(Cor	NAME(S) & DOCUMENT NUMBI	nent #)
3(Cor	poration Name) (Document (	nent #)
☐ Walk in	poration Name) (Docur  Pick up time  Will wait Photocopy	Certified Copy
NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	5000026409453 -09/16/9801053002 
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	9-22-98

Examiner's Initials

## 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, the undersigned corporation organized under the laws of the State of $+100$
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:
2. The mailing address of the corporation is: 30 Woodgreen Lane
Roslyn Heights, N.T. 11577  3. Date of incorporation/qualification: 5/7/98 Document number: 198000042423
4. The name and address of the current registered agent and office:
Diane L. Graf, Esq.  3202 Morning Glory Court, Ste. 202  Palm Beach Gardens, FL 33410  Robert B. Graf  6150 S.W. 85th Street
Miami, FL 33143
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.  (Signature of an officer, chairman or vice chairman of the board)  (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 am familiar with and accept the obligation of my position as registered agent.  (Signature of Registered Agent)
(Signature of Registered Agent) V (Date)
(Typed or Printed Name) (Capacity)

X