P98000048408

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALL AHASSEF, FLORIO

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R.A. Change

TB 9/13/08

COVER LETTER

ατ. α . α. ΔΙ	an Gerwig & Associates, Inc	
SUBJECT: Al		Corporation)
DOCUMENT NU	UMBER: P98000048408	
The enclosed State	ement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matte	r to the following:
	Alan Gerwig	
	(Name of Co	ntact Person)
	Alan Gerwig & Associates, In	
	(Firm/Co	ompany)
_	12798 W. Forest Hill Blvd., St	
	(Add	ress)
_	Wellington, FL 33414	
	(City/State a	nd Zip Code)
For further inform	ation concerning this matter, please	call:
Alan Gerwig		at (561) 792-9000 (Area Code & Daytime Telephone Number)
(Na	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.	00 check made payable to the Depart	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Alan Gerwig & Associates, Inc.	
2. The principal office address: 12798 W. Forest Hill Blvd., Suite 204, Wellington, FL 33414		
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 5/27/98 Document number: P98000048408	
	street address of the current registered agent and registered office on file with the tment of State:	
	Jack S. Cox	
	11450 S.W. Dixie Highway, Suite 104	
	Hobe Sound, FL 33455	
6. The name and (if changed):	Hobe Sound, FL 33455 Street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered offices a street address of the new registered agent (if changed) and /or registered agent (i	
	Alan Gerwig 12798 W. Forest Hill Blvd. Suite 204	
	12798 W. Forest Hill Blvd., Suite 204	
	(P.O. Box NOT acceptable)	
	Wellington, FL 33414	
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be deprical.	
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
(Signatu	Alan Gerwig, President (Printed or typed name and title)	
	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance of Lan familiar with and accept the obligation of my position as registered agent. Or, if this provided merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.	
	9-16-2008	
(Sig	nature of Registered Agent) (Date)	
If signing on bel	nalf of an entity:	
(T	yped or Printed Name)	

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