P98000104149

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| , · |
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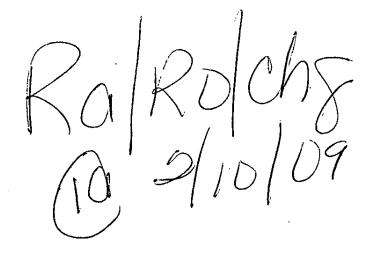


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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Florida Center for Allergy & Asthma Research, Inc. (Name of Corporation) DOCUMENT NUMBER: P98000104749 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: Y TOYON
(Name of Contact Person) E. Las Olas Blvd., Sute 400 For further information concerning this matter, please call: Enclosed is a \$35.00 check made payable to the Department of State. **Street Address: Mailing Address:**

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314



January 21, 2009

KATHY TAYON FOWLER WHITE BOGGS PA 1200 E. LAS OLAS BLVD., STE. 400 FORT LAUDERDALE, FL 33301

SUBJECT: FLORIDA CENTER FOR ALLERGY & ASTHMA RESEARCH, INC.

Ref. Number: P98000104749

We have received your document for FLORIDA CENTER FOR ALLERGY & ASTHMA RESEARCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 509A00002223

Irene Albritton Regulatory Specialist II

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida | |
|---|--------------|
| in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Florida Center for Allergy & Asthma Research, Inc. | |
| 2. The principal office address: 9035 Sunset Drive, Suite 204, Miami, Florida 33173 | |
| 3. The mailing address (if different): | _ |
| 4. Date of incorporation/qualification: 12/17/1998 Document number: P98000104749 | _ |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) | |
| KTG&S Registered Agent Corporation | |
| 100 SE 2nd Street, Suite 2800 | Ş |
| Miami, Florida 33131~2144 | CRET |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Kathy J. Tayon Fawler White Boggs PA: | ARY OF STATE |
| 1200 E. Las olas Blvd. Ste 400 5 3 (P.O. Box NOT acceptable) F1. Lowderdale, Fi 33301 | ; |
| 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, or the corporation has been notified in writing of the change. | |
| (Signature of an officer or director) Jame Landman. (Printed or typed name and title) | |
| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | |
| (Signature of Registered Agent) (Date) | |
| If signing on behalf of an entity: | |
| (Typed of Printed Name) | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)