

P98000108258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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400139152654

RA
Change

12/29/08--01037--003 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC 29 PM 1:35

FILED

AJR
1/9/09

LAW OFFICES



ROSENTHAL
ROSENTHAL
RASCO, LLC

December 23, 2008

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Address Change for K. Rosenthal & Associates, P.A.


Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Agent/Office for K. Rosenthal & Associates, P.A., together with the required filing fee of \$35.00. Please contact me with any questions.

Sincerely,

ROSENTHAL ROSENTHAL RASCO, LLC

BY:


Heather A. Scott, Esq.

EDUARDO I. RASCO
ALAN S. ROSENTHAL
Certified Civil Mediator
KERRY E. ROSENTHAL
Florida Board Certified Real Estate Attorney
JESSICA B. LASSMAN
Certified Family Mediator
STEVE M. BIMSTON
KEVIN S. GROSSFELD
HEATHER A. SCOTT
MARIN S. SHABSELS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: K. ROSENTHAL & ASSOCIATES, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P98000108258

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:

Heather Scott
(Name of Contact Person)

Rosenthal Rosenthal Rasco
(Firm/Company)

20900 NE 30 Ave, Suite 600, Aventura, FL 33180
(Address)

Aventura, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Scott at (305) 937-0300
(Name of Contact Person) (Area Code & Daytime Telephone 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

**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: K. ROSENTHAL & ASSOCIATES, P.A.
2. The principal office address: 20900 NE 30 AVE, SUITE 600, AVENTURA, FL 33180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/31/1998 Document number: P98000108258
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)

KERRY E. ROSENTHAL, ESQ.
2875 NE 191ST STREET, SUITE 500
AVENTURA, FL 33180

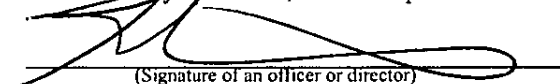
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KERRY E. ROSENTHAL, ESQ.
20900 NE 30 AVENUE, SUITE 600, AVENTURA, FL 33180
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

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)

Kerry Rosenthal, President
(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)

12/22/08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)