

P 99.000023409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

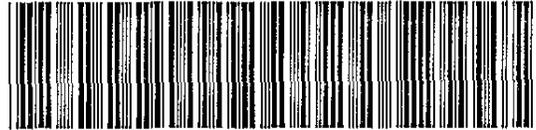
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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ADORNO & YOSS
A LIMITED LIABILITY PARTNERSHIP
700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FLORIDA 33432
PHONE: (561) 393-5660, FAX: (561) 338-8698
WWW.ADORNO.COM

RICHARD A. MURDOCH

DIRECT LINE: (561) - 620 - 5880
DIRECT FAX: (561) - 338 - 8698
EMAIL: RAM@ADORNO.COM

October 10, 2005

By 2-Day UPS Courier

Florida Department of State
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: 4035, INC./Document Number P99000023409

Dear Sir/Madam:

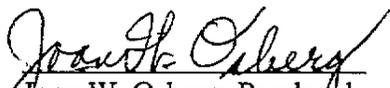
Enclosed please find cover transmittal letter with accompanying Statement of Change of Registered Office/Agent with reference to the above corporation, together with Adorno & Yoss LLP check number 12691 in the amount of \$ 35.00 representing your filing fee.

Please return a copy of the form, as filed, to this office in the pre-addressed, stamped envelope provided.

Thank you for your anticipated cooperation and assistance in this matter.

Very truly yours,

ADORNO & YOSS LLP


Joan W. Osberg, Paralegal

/jwo
Encs.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 4035, INC. _____
(Name of corporation)

DOCUMENT NUMBER: P99000023409 _____

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:

RICHARD A. MURDOCH, ESQ. _____
(Name of contact person)

ADORNO & YOSS LLP _____
(Firm/Company)

700 SOUTH FEDERAL HIGHWAY, SUITE 200 _____
(Address)

BOCA RATON, FL 33432 _____
(City/state and zip code)

For further information concerning this matter, please call:

RICHARD A. MURDOCH _____ at (561) 393-5660 _____
(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
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 4035, INC.
2. The principal office address: 199 EAST BOCA RATON ROAD
BOCA RATON, FL 33432
3. The mailing address (if different): _____

4. Date of incorporation/qualification: MARCH 9, 1999 Document number: P099000023409

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ROBERT A. SWEETAPPLE
199 EAST BOCA RATON ROAD
BOCA RATON, FL 33432

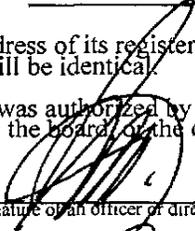
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TALLAHASSEE, FLORIDA

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

GREGORY K. TALBOTT
140 NORTH FEDERAL HIGHWAY
(P.O. Box NOT acceptable)
BOCA RATON, FL 33432

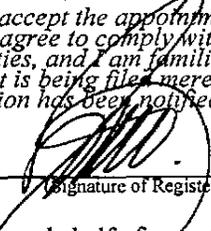
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

GREGORY K. TALBOTT, 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)

8-11-05
(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