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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Law Offices Of Karin S. Gerardin, P.A.
(Name of corporation)
DOCUMENT NUMBER: EIN 65-0956472
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:
Karin S. Gerardin
(Name of person)
Law Office of Karin S. Gerardin, P.A.
(Name of firm/company)
633 N.E. 167th Street, Suite 501
(Address)
North Miami Beach, FL 33162
(City/state and zip code)
For further information concerning this matter, please call:
Karin S. Gerardin at (305) 653-0014 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

	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	f the corporation: Karin S. gerardin, P.A.
2. The principa	al office address: 633 N.E. 167th Street, Suite 501 North Miami beach, FI 33162
3. The mailing	address (if different): NA
4. Date of inco	rporation/qualification: 9/09/1999 Document number: EIN65-095647
	artment of State:
	Karin S. Gerardin
	633 N.E. 167th Street, Suite 715
	North Miami Beach, FL 33162
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if
	Karin S. Geradin
	633 N.E. 167th Street, Suite 501
	(P.O. Box or personal mailbox NOT acceptable) North Miami beach, FL 33162
The street addragent, as change	ress of its registered office and the street address of the business office of its registered ged will be identical.
Such change wanthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
(Signature of an office	er, chairman or vice chairman of the board) (Printed or typed name and title)
I hereby accep I further agree performance o registered age office address,	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as If this document is being filed merely to reflect a chappe in the registered I hereby confirm that the corporation has been notified in writing of this change.
	(Signature of Registered Agent) (Date)
If signing on beha KARIN S	alf of an entity: General Name (Typed or Printed Name) When Agent (Capacity)
	* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314