524144

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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SECRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Gra-Mor Enterprises, Inc.		
	(Name of co	rporation)	
DOC	UMENT NUMBER: \$ 24144		
The en	nclosed Statement of Change of Registered Office	Agent and fee are	submitted for filing.
Please	return all correspondence concerning this matter	to the following:	
	Michael P. Gable		<u> </u>
	(Name of con	act person)	
	Law Office of Michael P. Gable	<u></u>	<u> </u>
	(Firm/Co	npany)	
	4000 Hollywood Boulevard, Suite 7: (Add		<u> </u>
	Hollywood, FL 33021-6755		
	(City/state a	d zip code)	
For fu	rther information concerning this matter, please of	11:	
Micha	el P. Gable	_at (_954)	966-2501 daytime telephone number)
	(Name of contact person)	(Area code &	daytime telephone number)
Enclos	sed is a \$35.00 check made payable to the Depart	nent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division o 409 E. Ga	dress: ent Section of Corporations ines Street ee, FL 32399

CR2E045(6/04)

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

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
	the corporation: Gra-Mor Enterpri	
	office address: 411 East Sherida	
	Dania, FL 33004	
3. The mailing a		
4. Date of incor		Document number: S 24144
	d street address of the current regist rtment of State:	tered agent and registered office on file with the
	Grace B. Testa	= (0, -
	654 Hibiscus Drive	O4 OC SECRE ALLA
	Hallandale, FL 33009	FIL FILZ2 FIARN
6. The name and (if changed):	•	ed agent (if changed) and /or registered office
	Joel Naparstek	
	20185 E. Country Club Drive, Ap	
	(P.O. Box NOT ac	ceptable)
	Aventura, FL 33180	
The street addr	ess of its registered office and the I be identical.	street address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
1 pt	2	Joel Naparstek, President
Lhamadirmanan	tute of an officer of director) If the appointment as registered ag To comply with the provisions of a Ind I am familiar with and accept to The complete and accept to reflect a chang Is been notified in writing of this co	(Printed or typed name and title) seent and agree to act in this capacity. full statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this full in the registered office address, I hereby confirm that the hange. 10/19/04
	ignature of Registered Agent) ehalf of an entity:	(Date)
(Typed or Printed Name)	• • •

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