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Division of Corporations

Fax Number

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305) 634-3694

Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NEIL BAYER, P.A.

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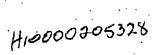
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COVER LETTER

SUBJECT:	NEIL BAYE	R, P.A.		
	Name of (Corporation		
OCUMENT NUMBER		S53995		
The enclosed Statement of	Change of Registered Offi	ce/Agent and fee are sub	mitted for filing.	
lease return all correspon	dence concerning this matte	er to the following:	• • • •	
		٠.		
	Neil Baye	er, Esquire		
	Name of C	ontact Person		
	•			
	Rimm/C	ompany		
	· P. Wille C	· rangemany		
	3109 Grand	Avenue, #473		
		dress	<u></u>	
•	•		•	
·	Coconut Gro	ove, FL 33133		
	City/State	ınd Zip Code		
•	nbayer@a	ttglobal net	_	
E-mai	l address: (to be used for	future annual report no	ntification)	
For further information co	nceming this matter, please	call:		
Neil Ba	yer, Esquire	at (786)	200-4688	
Name of C	entact Person	Area Code & Da	lytime Telephone Number	
Englosed in a \$25.00 about	k made payable to the Dops	stment of State		
Enciosed is a 192400 cued	* made halanie m me tsehe	animit of Swip.		
	(ailina Addrese:	Sirect Addr	ese:	
	Iniling Address: Imendment Section		Street Address: Amendment Section	
r	Division of Corporations		Corporations	
	O. Box 6327	Clifton Bui		
ï	Callahassee, FL 32314		tive Center Circle	
		Tallahassec	, FL 32301	
		·	1100002053	
CR2E045 (BA05)		·		

H10000205328

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

statement of c	te provisions of sections 607.0502, 617.0502, 607.1 hange is submitted for a corporation organized und der to change its registered office or registered age	ler the laws of the State of F	orida
	of the corporation: NEIL BAYER, P.A.	n, or boin, in the bulle of 1°to	
	al office address: 3109 Grand Avenue, #473	, Coconut Grove, FL 33	133
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: May 21, 2000 D	ocument number:	S53995
	and street address of the current registered agent and partment of State; (If resigned, enter resigned)	registered office on file with	the
	Neil Bayer, Esquire		
	5840 SW 119th Street		
	Coral Gables, FL 33156		
6. The name a	and street address of the new registered agent (if cha	nged) and /or registered offic	LAHE IOSE
	Neil Bayer, Esquire		P 16
	3109 Grand Avenue, #743	6	
	P.O. Bux NOT accepted	c	
,	Coconut Grove, FL 33133		
an cuantied a	trees of its registered office and the street address ill be identical. was authorized by resolution duly adopted by its the board, or the corporation has been notified it		
//(ature of an officer or chreeter	Neil Bayer, Esqu	ire
	pt the appointment as registered agent and agree to comply with the provisions of all statutes rel and I am familiar with and accept the obligation being filed merely to reflect a change in the regist as been notified in writing of this change.	i i	
//(and Opman	September 14, 20	110
	Signature of Registered Agent	Date	
f signing on	behalf of an entity:		
	Neil Bayer, Esquire Typed or Printed Name		
	* * * FILING FEE: S35	.00 * * *	•
	MAKE CHECKS PAYABLE TO FLORIDA I	DEPARTMENT OF STATE	
CR2E045 (8/05	MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX)	•	2314 235328
			, _