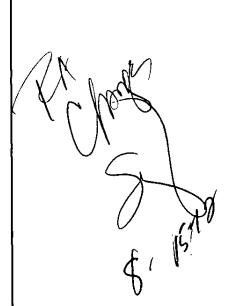


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COVER LETTER

TO: Amendment Section Division of Corporations

NEIL SCHAFFEL, P.A.

Name of Corporation

DOCUMENT NUMBER: S55693

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:

Neil Schaffel, Esq.

Name of Contact Person

Neil Schaffel, P.A.

Firm/Company

901 W. 9th Street, #406

Address

Austin, TX 78703

neil@schaffel.com

E-mail address: (to be used for future annual report notification)

City/State and Zip Code

For further information concerning this matter, please call:

Neil Schaffel 305 542-55

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

statement of change is subn	nitted for a corporation organ	2, 607.1508, or 617.1508, Florid sized under the laws of the State ered agent, or both, in the State (of Florida
	nion: Neil Schaffel, P.A.	•	•
2. The principal office addr	ess: 901 W. 9th Street,	Unit 406, Austin, TX 78	3703
3. The mailing address (if d	ifferent): N/A		
4. Date of incorporation/qu	alification: 5/21/91	Document number: S55	693
	ress of the current registered a rate: (If resigned, enter resigne	gent and registered office on file cd)	with the
Neil Sc	haffel		
3300 University Drive, Suite 604			ECA.
Coral S	prings, FL 33065		2812 AUG -9 SECRE MAY MALLAHASSE
(if changed):		nt (if changed) and /or registered	Lighter Comments
Alex Ho	ofrichter, Esq.		
<u>1430 S</u>	. Dixie Highway, Suite		
Coral G	Sables, FL 33146		
The street address of its reas changed will be identicated	gistered office and the street	address of the business office o	f its registered agent,
-	•	by its board of directors or by tified in writing of the change.	
Signature of an office	aldector, President	Neil Schaffel, Preside	nt a title
I hereby accept the appoint I further agree to comply we performance of my duties, agent. Or, if this document hereby confirm that the co	Iment as registered agent and with the provisions of all state and I am familiar with and a at is being filed merely to refl rporation has been notified i	d agree to act in this capacity, utes relative to the proper and d accept the obligation of my posi ect a change in the registered o n writing of this change.	complete tion as registered office address, I
Signature of Regig	frichter fered Agent	8/6/12 Date	
If signing on behalf of an e	entity:		
Alex HOFRIC	Name		

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