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COVER LETTER

TO: Amendment Section **Division of Corporations** Bloom, Gettis & Habib, P.A. Name of Corporation S80330 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: Steven Habib Name of Contact Person Bloom, Gettis & Habib, P.A. Firm/Company 2601 South Bayshore Drive #1450 Miami, Florida 33133 City/State and Zip Code habib@bloomgettis.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Habib Area Code & Daytime Telephone Number Name of Contact Person

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 submi	tted for a corporation org	0502, 607.1508, or 617.1508, Florida Sta ganized under the laws of the State of Flor ristered agent, or both, in the State of Flor	orida
1. The name of the corporation	on: Bloom, Gettis &	& Habib. P.A.	
2. The principal office address	ss: 2601 South Baysh	nore Drive, Suite 1450, Miami Flor	ida 33133
3. The mailing address (if dif	ferent):		
4. Date of incorporation/qual	ification: 9/16/1991	Document number: S80330	
5. The name and street address Florida Department of State	•	d agent and registered office on file with gned)	the
Burt Bloo	om		ŢĶ.
2601 S. Bayshore Drive, Suite 1450			
	lorida 33133		jes i I
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):		gent (if changed) and /or registered office	- 글
Steven H	łabib		<u> </u>
2601 S.	Bayshore Drive, S	Suite 1450	
Naiomi F		IOT acceptable	
	lorida 33133		
The street address of its regi as changed will be identical.	stered office and the stre	eet address of the business office of its re	gistered agent,
Such change was authorized authorized by the board, or t	by resolution duly adop hecorporation has been	ted by its board of directors or by an offinotified in writing of the change.	icer so
Lawrence Gettis, Secretary			ry
I further agree to comply with performance of my duties, as	nent as registered agent : th the provisions of all st nd I am familiar with an	Printed or typed name and title and agree to act in this capacity. It is a capacity to the proper and complete accept the obligation of my position as effect a change in the registered office a d in writing of this change.	registered
which		June 28, 2017	
Signature of Register If signing on behalf of an en		Date	
Steven Habib	••••		
Typed or Printed N	ame		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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