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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: danh@dnhiggins.com

2024 JAN -3 PM 12:19

REGISTERED AGENT CHANGE
DOUGLAS N. HIGGINS INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: DOUGLAS N. HIGGINS INC.
- 2. The principal office address: 3390 TRAVIS POINTE RD., SUITE A
ANN ARBOR, MI 48108
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 08/01/1973 Document number: 830666
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CF REGISTERED AGENT, INC.
100 S. Ashley Drive, Suite 400
Tampa, FL 33602

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
1200 South Pine Island Rd
Plantation, FL 33324
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

DOUGLAS N. HIGGINS, PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

1/2/2024
Date

If signing on behalf of an entity:

Madison Baker, Assistant Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (04/13)

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