## P01000012457

(Requestor's Na	ame)	
(Address)		
(Address)	· · · · · · · · · · · · · · · · · · ·	
(City/State/Zip/F	Phone #)	
PICK-UP WAI	T MAIL	
(Business Entit	y Name)	
(Document Number)		
Certified Copies Certifi	cates of Status	
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SECRETARY OF STATE
ALL AMASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Hightower & Partners, P.A. (Name of Corporation)	n)			
•				
DOCUMENT NUMBER: P01000012457				
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the fo	llowing:			
, ,	-			
Lilliana M. Torres				
(Name of Contact Person)				
· <del>-</del>	·			
Hightower & Partners, P.A.				
(Firm/Company)				
	•			
4770 Biscayne Blvd. Suite 1200				
(Address)	-			
Miami, FL 33137 (City/State and Zip Code)				
	ide)			
For further information concerning this matter, please call:				
Lilliana Torres at ( 3	05 539-0909 rea Code & Daytime Telephone Number)			
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of S	State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

## 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 Statut statement of change is submitted for a corporation organized under the laws of the State of Florid in order to change its registered office or registered agent, or both, in the State of Florid	da		
	I. The name of the corporation: Hightower & Partners, P.A.			
	2. The principal office address: 4770 Biscayne Blvd. Suite 1200			
	Miami, FL 33137			
	3. The mailing address (if different):			
	4. Date of incorporation/qualification: N/A Document number: N/A			
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	; Andrew	07	
	Hightower & Partners, P.A.	_ 2×2 2×2	AUG	7
	100 N. Biscayne Blvd. Suite 2300	TARY	G -3	
	Miami, FL 33132	유 유	A	
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	STATE FLORIDA	AM 10: 53	
	Hightower & Partners, P.A.			
	4770 Biscayne Blvd. Suite 1200			
	(P.O. Box NOT acceptable)			
	Miami, FL 33137			
	The street address of its registered office and the street address of the business office of its registered will be identical.	istered	agent	•
	Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	cer so		
	Dale R. Hightower			
(Signature of an interestor)  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 perfor of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or document is being filed merely to reflect a change in the registered office address, I hereby confirm the corporation has been notified in writing of this change.				ce is e
	(Signature of Registered Agent) (Date)			
	If signing on behalf of an entity:			
	(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 (8/05)