P99000036457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/24/08

LAW OFFICES
A. BRIAN PHILLIPS, P.A.
390 NORTH ORANGE AVENUE
23RD FLOOR
ORLANDO, FLORIDA 32801

June 18, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

re: Change of Address for A. Brian Phillips, Esq.
Document No.: P99000036457

Dear Representative:

Enclosed please find my completed Statement of Change of Registered Office/Agent Form with regard to the above-referenced firm and Document Number. Also enclosed is my draft in the amount of thirty-five dollars ($35.00) for the fee for filing the same.

If you have any questions or concerns, please do not hesitate to contact me at the address or telephone number listed above.

Sincerely,

A. Brian Phillips, Esq.
A. Brian Phillips, P.A.
For the Firm

ABP/lms

enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A. Brian Phillips, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P99000036457

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:

A. Brian Phillips, Esq.
(Name of Contact Person)

A. Brian Phillips, P.A.
(Firm/Company)

390 North Orange Avenue 23rd Floor
(Address)

Orlando, Florida 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

A. Brian Phillips, Esq. at (407) 872-0777
(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

CR2E045 (8/05)

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 Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: A. Brian Phillips, P.A.

2. The principal office address: 390 North Orange Avenue 23rd Floor Orlando, Florida 32801

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 4/16/99 Document number: P99000036457

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

A. Brian Phillips, Esq., A. Brian Phillips, P.A.
200 South Orange Avenue Suite 2120
Orlando, Florida 32801

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

A. Brian Phillips, Esq., A. Brian Phillips, P.A.
390 North Orange Avenue 23rd Floor
(P.O. Box NOT acceptable)
Orlando, Florida 32801

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TALLAHASSEE, FLORIDA

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) — A. Brian Phillips, Esq. June 19, 2008 (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) — June 19, 2008 (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)