457794

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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SECRETARY OF SIAI

RACUARY Thuis 10-28-09

COVER LETTER

TO:	Amendment S Division of Co	ection orporations		
SUBJ	ECT:	HILLVEST, INC. Name of C	Torporation	
DOCL	MENT NUMI	BER: 657794		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all corres	spondence concerning this matte	r to the following:	
		STEPHEN D. CA	RLE	
Name of Contact Person				
Firm/Company				
38410 North Avenue Address				
Zephyrhills, Florida 33542 City/State and Zip Code				
		mail address: (to be used for t	uture annual report notification)	
For fu	ther informatio	n concerning this matter, please	call:	
	STEPHEN D Name	CARLE of Contact Person	at (813) 782-7196 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	

TO:

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

statement of change is submitted fo	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or a corporation organized under the laws of the State of <u>Florida</u> istered of of the State of state of state of Florida.
The name of the corporation:	
2. The principal office address:	38410 North Avenue
	Zephyrhills, Florida 33542
3. The mailing address (if different):
4. Date of incorporation/qualification	on: <u>02/27/1980</u> Document number: <u>657794</u>
5. The name and street address of the Florida Department of State: (If the Florida Department of State)	he current registered agent and registered office on file with the resigned, enter resigned)
	GARY A. GIBBONS
	3321 Henderson Boulevard
	Tampa, Florida 33609
6. The name and street address of the (if changed):	he new registered agent (if changed) and /or registered of the Reg
	STEPHEN D. CARLE
	38410 North Avenue
	P.O. Box NOT acceptable
	Zephyrhills, Florida 33542
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so reportion has been notified in writing of the change.
Signature of an officer or directo	STEPHEN D. CARLE Printed or typed name and title
I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar widocument is being filed merely to corporation has been notified in w	is registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete performance in and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the byiting of this change.
Alexander	e October 23, 2009
Signature of Registered Age	nt / 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)