## F06000006319

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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B. KOHR

APR 2 2 2008

**EXAMINER** 

OB APR 22 PH 12: 30
SECRETARY OF STATE
TALLAHASSEE FI OBINA



ACCOUNT NO. : 072100000032

REFERENCE : 537145

7373263

AUTHORIZATION

COST LIMIT

ORDER DATE: April 21, 2008

ORDER TIME : 9:33 AM

ORDER NO. : 537145-050

CUSTOMER NO: 7373263

## CHANGE OF AGENT

NAME: HART HOWERTON PARTNERS, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi er to change its registered office or register	zed under the laws of the State of	California	
	the corporation: HART HOWERTC	·		
	office address: One Union Street,			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/03/2006	Document number: F060	00006319	
5. The name and	d street address of the current registered ag rtment of State:	ent and registered office on file v	vith the	
	HIQ Corporate Services, Inc.			
	1574 Village Square Blvd, Suite 100			
	Tallahassee, FL 32309		TERROR	
6. The name and (if changed):	d street address of the new registered agent  Corporation Service Company		OS APR 22 PA 12: 30	
	1201 Hays Street		- Sr	
	(P.O. Box NOT acceptable)		<del>_</del>	
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of	its registered agent,	
Such change wa	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by a ified in writing of the change.	an officer so	
Signati	ire of an officer or director)	Elizabeth A. Dawson, A	-	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the seen notified to writing of this change.	l agree to act in this capacity, tes relative to the proper and co zation of my position as register registered office address, I her	omplete performance red agent. Or, if this eby confirm that the	
By:	tion Service Company	4, 15, 08. (Date)		
/(Si	phyture of Registered Agent)	(Datc)		
If signing on be	half of an entity:			
· · ·	ppet, Asst. VP			
(7	Typed or Printed Name)			
	* * * FILING FEI	E: \$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)