

Florida Department of State

Division of Corporations Public Access System

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(((H070002350583)))



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Division of Corporations

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Phone

Account Number : I20050000052

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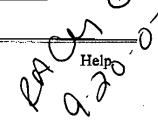
REGISTERED AGENT CHANGE

HIGHWOODS PROPERTIES, INC.

Certificate of Status	0
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Corporate Filing Menu



(((H07000235058 3)))

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

•	provisions of sections 607.0502, 617.0502, 60 tage is submitted for a corporation organized		
	er to change its registered office or registered		
1. The name of	the corporation: HIGHWOODS PROPERT	TIES, INC.	·
2. The principal	office address: 3100 SMOKETREE CT.,		
3. The mailing a	address (if different):	1-44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
4. Date of incorp	poration/qualification: F96000006406	_ Document number: _11/27/1996	3
	d street address of the current registered agent rtment of State:	and registered office on file with th	
	C T CORPORATION SYSTEM	without his control of the control o	AFET AFET
	1200 SOUTH PINE ISLAND R	OAD	ARY SSE
	PLANTATION FL 33324 US		
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or registered office	1: 35
	INCORPORATING SERVICES	S, LTD.	
	1540 GLENWAY DRIVE		•
	(P.O. Box NOT acceptable) TALLAHASSEE, FL 32301		
The street address changed will	ess of its registered office and the street add be identical.	ress of the business office of its re	gistered agent,
Such change we authorized by it	as authorized by resolution duly adopted by he board, or the corporation has been notifie	its board of directors or by an off ed in writing of the change. Jeffrey D. Miller	icer so
(Signati	ure of an officer or director)	Vice President, General (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	t the appointment as registered agent and as to comply with the provisions of all statutes ad I am familiar with and accept the obligat ing filed merely to reflect a change in the re s been notified in writing of this change.	gree to act in this capacity, relative to the proper and comple ion of my position as registered as gistered office address, I hereby o	te performance zent. Or, if this onfirm that the
daren	E Whatt	9/20/07 (Date)	
If signing on be	ehalf of an entity:		
	RATING SERVICES, LTD. Typed or Printed Name)		
	* * * FILING FFF. (\$4 nn > # *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)