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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	f Status
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Special Instructions to	Filing Officer:	
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SECRETATY OF STATE

OCT 27 PMII

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A HIGHER LEVE (Name of Limite	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
KEVIN KELLER (Name of Person)	
A HEWHER LEVEL, UC (Firm/Company)	06 00
2321 ELSINORE AVE. (Address)	O6 OCT 27 PM II: 07 SECRETARY OF STATE IALLAHASSEE, FLORIDA
WINTER PARK FL. 32792 (City/State and Zip Code)	PMII:07 Y OF STATE SEE. FLORIDA
For further information concerning this matter, ple	ease call:
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: _	A HILHER LEVEL, LLC
2. The mailing address of the limited liability comp	pany is: 2321 ELSINORE AVE
	JENTER PARK, FL. 32792
3. Date of filing/registration in Florida	<u>L06000068816</u> 4. Document number
5. The name of the registered agent and the register Florida Department of State: KELLER	ed office address as shown on the records of the EVIN D. Tame JNA DRIVE Idress FL. 34758 ate and Zip
6. The name and address of the new registered ager	at and/or office:
Name of Kewer, Key Name of Nam	e and Zip
confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change of t	e, the Florida street address of the registered office is identical. Or, in the case of a Florida limited to lange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of presentation
(Printed or typed name of signee)	·
_ K~ Kellin	at and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.
(Signature of Registered Agent)	=

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)