## N0300000 4226

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## **COVER LETTER**

	endment Section ision of Corporations			
SUBJECT: HARBOR LIGHTS ASSOCIATES, INC. (Name of Corporation)				
DOCUMEN	NT NUMBER: N0300004226			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return	n all correspondence concerning this matter	to the following:		
GEMMA VALENTINE				
(Name of Contact Person)				
Harbor Lights Associates, Inc.				
(Firm/Company)				
3191 Medical Center Drive; Suite 15103				
(Address)				
McKinney, TX 75069				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Gemma V	alentine	at ( 972 ) 548 2329		
	(Name of Contact Person)	at (972 ) 548 2329 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Amendment Section Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

## 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 Statement of change is submitted for a corporation organized under the laws of the State of Fl	LORIDA		
in order to change its registered office or registered agent, or both, in the State of Flor	rida.		
1. The name of the corporation: HARBOR LIGHTS ASSOCIATES, INC.	<del></del>		
2. The principal office address: 3191 MEDICAL CENTER DRIVE. SUITE 15103			
McKinney, TX 75069			
3. The mailing address (if different):			
4. Date of incorporation/qualification: MAY 19, 2003 Document number: N0300000	4226		
5. The name and street address of the current registered agent and registered office on file with Florida Department of State:	the		
RONALD MCKENZIE			
1601 SHERWOOD AVENUE	SE OR		
West Palm Beach, FL 33407			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
PASTOR MERVIN JORDAN	9.0		
4959 N. STATE ROAD 7			
(P.O. Box NOT acceptable)			
TAMARAC, FL 33319			
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent,		
Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board, or the corporation has been notified in writing of the change.	fficer so		
(Signature of an officer or director)  GEMMA VALENTINE  (Printed or typed name and titll			
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 comp of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	lete performance agent. Or, if this confirm that the		
(Signature of Registered (Sent) (Date)	<del>3</del> '		
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)