N11000009274

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C. LEWIS 9 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
No CUMENT NUMBER: N11000009274

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael R. Lowe, Esq.

Michael R. Lowe, P.A.

Firm/Company

707 Monroe Road

Address

Sanford, FL 32771

City/State and Zip Code

mlowe@lowehealthlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael R. Lowe, Esq.

,407 \332-6353

Name of Contact Person

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