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RA Change 05-23-12 D

COVER LETTER

TO: Amendment Section Division of Corporations

 $_{
m SUBJECT}$. HIGHROAD, INC.

Name of Corporation

DOCUMENT NUMBER:

P00000043004

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:

JAMES A. MARX, PRESIDENT

Name of Contact Person

COPROLITE CORPORATION

Firm/Company

ONE SE 3RD AVE., STE. 2130

Address

MIAMI, FL 33131

City/State and Zip Code

JAMES@BFMLEGAL.COM

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

For further information concerning this matter, please call:

JAMES A MARX

_{.,(}305- \377-9353

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

CR2E045 (03/12)

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

statement of change	is submitted for a co	orporation organize	607.1508, or 617.1508, Id under the laws of the d agent, or both, in the	State of Florida	<u> </u>	
	ما بدادا د	iroad, Inc.	a agent, or bom, in me	olule of Profitua		
1. The name of the c	4220	State Street	- . .			
2. The principal offi	e address	ling Green, KY	′ 42101	<u> </u>		
3. The mailing addre			-			
4. Date of incorpora	ion/qualification: 4	/26/2000	Document number:	P0000004	3004	
	et address of the cui it of State: (If resign		nt and registered office			
	Tom Tomlinso	n				
	1220 State Street					
	Bowling Greer	n, FL 42101				in the second
6. The name and stre (if changed):	et address of the nev	w registered agent (i	if changed) and /or regi	stered office	-9 PM	Sucres.
	Coprolite Cor	poration			2:2	
	One SE 3rd A	ve., Ste. 2130)	`\	, , , , , , , , , , , , , , , , , , ,	
	Minnel El 22	P.O. Box NOT acco	eptable			
	Miami, FL 33	131				
The street address o as changed will be i	its registered offic lentical.	e and the street add	lress of the business of	fice of its regist	ered agent,	
Such change was au	horized by resolution	on duly adopted by	its board of directors o	or by an officer	so _	
(Signature of H	officer of director		OLE DOL	Dugo a	, ,	esiDout
I further agree to co performance of my a agent. Or, if this do	mply with the provi uties, and I am fam cum ant is b eing file	sions of all statutes iliar with and acce d merely to reflect	gree to act in this capa relative to the proper pt the obligation of my a change in the registe riting of this change.	and complete position as reg	istered ess, I	
	مر الم		5/4/12			
Jan	of Registered Agent	Praciden +	Date			
if signing on behalf	or an entity.	•				
Coprolite Cor	Printed Name					

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *