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SECRETARY OF STATE OF DIVISION OF CORPORATIONS

RA Change 11/8/02 DC

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

Price, Harris, & Associates, Inc.						
SUBJECT: (Name of corporation)						
DOCUMENT NUMBER: P02000021974						
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:						
John A. Price (Name of person)						
Price Harris, & Associates, Inc. (Name of firm/company)						
435 Douglas Avenue, Suite 1005.						
(Address)						
Altamonte Springs, Florida, 32714 (City/state and zip code)						
For further information concerning this matter, please call:						
John A. Price at (407) 695-7778 (Name of person) (Area code & daytime telephone number)						
(Name of 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 409 E. Gaines Street Tallahassee, FL 32399						

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

Pursuant to the	provisions of section	is 607.0502, 617.0502	?, 607.1508, or 617.1	508, Florida Statutes,		
this statement of	f change is submitted j	for a corporation orga	nized under the laws	of the State of		
Florida	in order to cha	mge its registered offi	ce or registered agen	t, or both, in the State		
of Florida.						
1. The name of	the corporation:	Price, Harr	is & Associat	es. Inc.		
2. The principal office address: 435 Douglas Avenue, Suite 1005						
		Altamonte si	prings, Florid	đa, 32714		
3. The mailing a	ddress (if different):_	As above	· —	····		
4. Date of incorp	poration/qualification:	02/27/2002	Document number	r: <u>P02000021974</u>		
	I street address of the timent of State:	current registered ager	and registered office	e on file with the		
	Spiegel	& Utrera, P.2	A .	22		
	1840 SW	22nd Street,	4th Floor.	2002 NOV		
	Miami,	Florida, 3314	5 =	- Q		
6. The name an changed):	d street address of th		nt (if changed) and /	or registered office (#		
-	435 Doug	las Avenue, Si	uite 1005.	26		
(P.O. Box or personal mailbox NOT acceptable)						
_	Altamont	e Springs, Flo	orida, 32714			
The street addreagent, as change	ess of its registered of ed will be identical.	fice and the street add	ress of the business of	office of its registered		
Such change was authorized by th	s authorized by resol to board, or the corporate	ution duly adopted by ration has been notifie	its board of directors d in writing of the ch	or by an officer so nange.		
	chairman or vice chairman of t	ne board)	Price Presic (Printed or typed name and	lent		
registerea agent	i. Or. ii inis aocumen	egistered agent and ag gvisions of all statutes amiliar with and acce at is being filed merely the corporation has b	rio reneci a change i	n ine regisierea		
7	X/-	-	th October 20			
	mature of Registered Agent)		(Date)	=		
If signing on behalf	fof an entity:		-			
	imad as Deintad Nama)	 -	(Consists)	· · · · · · · · · · · · · · · · · · ·		

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