P02000031309

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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STORE TARY OF STATE STATE STATE OF CORPORATION OF CORPORATION

RARUCHS 10 4311

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:	Hill Tri-Hy-Ret, Inc.	C.
DOCUMENT NUMBER:	P0200003	1309
The enclosed Statement of Change		and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the f	ollowing:
•	·	-
	Neil P. Di Spirit	0
	Neil P. Di Spirit Name of Contact Per	rson
	Rumberger, Kirk & Cald	well, P.A.
	Firm/Company	
	5 . 6	
	Post Office Box 1 Address	873
•	71001033	
	Orlando El 22002	1072
<u></u>	Orlando, FL 32802- City/State and Zip C	ode
F-mail addres	s: (to be used for future ar	inual report notification)
L-man addres	s. (to be used for future an	maar report notification)
For further information concerning	this matter please calls	
To further information concerning	, tins matter, piease eart.	
Neil Di Spiri	to at (407) 872-7300 rea Code & Daytime Telephone Number
Name of Contact Po	erson A	rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made p	ayable to the Department of	State.
Mailing A	ddress:	Street Address:
	ent Section	Amendment Section
P.O. Box	of Corporations 6327	Division of Corporations Clifton Building
	ee. FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Hill Tri-Hy-Ret, Inc.
2. The principal	office address: 2429 Alaqua Drive!'se
	Longwood L FL . 32779-3124
3. The mailing a	ddress (if different):
4. Date of incorp	oration/qualification: 03/18/2002 Document number: P02000031309
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Robert L. Daniels (resigned)
	25 South Magnolia Avenue
	Orlando, FL 32801
6. The name and (if changed):	Orlando, FL 32801 street address of the new registered agent (if changed) and /or registered office
	Larry M. Roth, Esquire of Rumberger, Kirk & Caldwell, P.A.
	Larry M. Roth, Esquire of Rumberger, Kirk & Caldwell, P.A. 300 South Orange Avenue, Suite 1400 P.O. Box NOT acceptable
	Orlando, FL 32801
_	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	Jerry S. Roth, Director e of an officer or director Printed or typed name and title
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sign	nature of Registered Agent Date Date
If signing on bel	half of an entity:
Ту	/ped 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)