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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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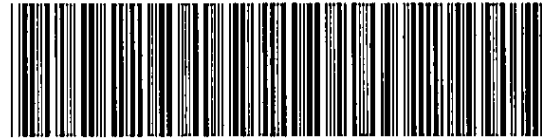
(Business Entity Name)

(Document Number)

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R. WHITE  
DEC 09 2019

**COVER LETTER**

TO: *Amendment Section*  
Division of Corporations

SUBJECT: **Higher Dimensions Publishing, Inc.**  
Name of Corporation

DOCUMENT NUMBER: **P03000094276**

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:

**Peter M. Commette**

Name of Contact Person

**Peter M. Commette, P.A.**

Firm/Company

**1323 Southeast Third Avenue**

Address

**Fort Lauderdale, FL 33316**

City/State and Zip Code

**paralegal1@commettelaw.com**

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

For further information concerning this matter, please call:

**Peter M. Commette**

Name of Contact Person

at **954 764-0005**

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

**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 Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Higher Dimensions Publishing, Inc.  
2. The principal office address: 1323 Southeast Third Avenue  
Fort Lauderdale, FL 33316  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: August 25, 2003 Document number: P03000094276

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State. (If resigned, enter resigned)

Edwin H. Spina

2555 Rim Drive

Spring Hill, FL 34609

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changing):

Peter M. Commette, P.A.


1323 Southeast Third Avenue

P.O. Box, No. II acceptable

Fort Lauderdale, FL 33316

The street address of its registered office and the street address of the business office of its registered agent,  
as changed, will be identical.

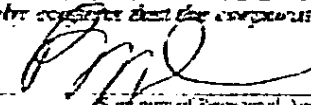
Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of registered agent or director

Edwin H. Spina, President

Printed or typed name and title

*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 complete  
performance of my duties, and I am familiar with and accept the obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby certify that the corporation has been notified in writing of this change.*

 , as president of H.D. Commette PA. 11/4/2007  
\_\_\_\_\_  
Signature of Registered Agent Date

If signing on behalf of an entity:

Peter M. Commette  
\_\_\_\_\_  
Typed or Printed Name

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

MALE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR1007-05 (C)