P04000055838

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Doomlood Entry Hamle)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				





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SEURETARY OF STATE ALLAHASSEE, FLORIDA

FILED

R.A. Change

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: University Housing Solutions, INC. (Name of Corporation)
(Table of Colporation)
DOCUMENT NUMBER: P0400055838
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:
Robert M. Mills
(Name of Contact Person)
University Housing Services, Inc. (Firm/Company)
One Progress Plaza, 200 Central Avenue, Suite 550 (Address)
St. Petersburg, FL 33701 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert M. Mills at (404) 431-1000 (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

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

•	FOR CORPOR	ATIONS	
statement of change	risions of sections 607.0502, 617.0502, a is submitted for a corporation organize change its registered office or registered	ed under the laws of the State of F	lorida
1. The name of the co	orporation: University Housing Solu	utions, INC.	
2. The principal office St. Petersburg	ce address: <u>One Progress Plaza, 20</u> g, FL 33701	00 Central Avenue, Suite 550	
3. The mailing addre St. Petersburg,	ess (if different): One Progress Plaz , FL 33701	za, 200 Central Avenue, Sui	te 550
4. Date of incorporat	tion/qualification: 04/01/2004	Document number: P040005	55838
5. The name and stre Florida Departmen	eet address of the current registered ager nt of State:	nt and registered office on file with	the
<u>Le</u>	galZoom Nevada, Inc.		
44	West Flagler Street, Suite	675	141 SE S
Mi	iami, FL 33130		HEC 2
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered offic	FILED OS DEC 27 AM 9: 1 SEUNETARY OF STATION TALLAHASSEE, FLOR
Ro	obert M. Mills		
<u>Or</u>	ne Progress Plaza, 200 Cer (P.O. Box NOT acceptable)	ntral Avenue, Suite 550	P
<u>St</u> .	. Petersburg, FL 33701		
The street address o as changed will be i	of its registered office and the street ad identical.	dress of the business office of its	registered agent,
Such change was au authorized by the bo	athorized by resolution duly adopted board, or the corporation has been notif	y its board of directors or by an o led in writing of the change.	fficer so
(Signature of	an officer or director)	William H. Mills, Jr. / President or typed name and the	le)
I hereby accept the e I further agree to co of my duties, and I a document is being fi forporation has bee	appointment as registered agent and a omply with the provisions of all statute an familiar with and accept the obliga- iled merely to reflect a change in the r on notified in writing of this change.	ngree to act in this capacity. Is relative to the proper and compution of my position as registered registered office address, I hereby	olete performance agent. Or, if this confirm that the
(Signature	re of Registered Agent)	121(Slo5	
If signing on behalf	of an entity:		

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

(Typed or Printed Name)