## P05000139100

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## COVER LETTER

Division of Corporations				
SUBJECT: The Law Office of James W. Hart, F (Name of Corporation)	<b>O.A.</b>			
DOCUMENT NUMBER: P05000139100				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
γ	<b>5</b>			
James W. Ha	ırt			
(Name of Contact Per				
The Law Office of James (Firm/Company)	W. Hart, P.A.			
(rimi/company)				
D.O. D. 0404				
P.O. Box 640 (Address)	<del></del>			
Raleigh, North Carolina (City/State and Zip C	27628-6404			
(City/State and Zip Co	ode)			
For further information concerning this matter, please call:				
James W. Hart at (	321 ) 439-4943			
(Name of Contact Person) (A	321 ) 439-4943 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of	Stata			
Enclosed is a \$55.00 check made payable to the Department of	State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
医多种性性 人名英格兰人姓氏克里特	Tallahassee, FL 32301			
The state of the s	Control of the Contro			
Contraction Committee	0 M 200 0 1 P			
The state of the s				

## 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 Sange is submitted for a corporation organized under the laws of the State of $\underline{I}$ or to change its registered office or registered agent, or both, in the State of F	Florida	<u> </u>	-
	the corporation: The Law Office of James W. Hart, P.A.	207 (3.04)		
	office address: 809 Irma Ave., Suite 3, Orlando, Florida 32803			
	<del> </del>		<del>.</del>	
3. The mailing a	nddress (if different): P.O. Box 6404, Raleigh, North Carolina 276	628-6404	<u> </u>	
4. Date of incor	poration/qualification: 10/11/2005 Document number: P05000	0139100		
	d street address of the current registered agent and registered office on file with the transfer of State: (If resigned, enter resigned)	th the		
	James W. Hart	_		
	809 Irma Ave., Suite 3	- <del>=</del> : !	26	
	Orlando, Florida 32803	SECR	13.60 19.60	-13
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	ETARY OF	2009 FEB 27 A	TE
	Joel C. Wilson	FSTV FLO	AH 10: 48	
	809 Irma Ave. (P.O. Box NOT acceptable)		<b>8</b>	
	Orlando, Florida 32803	_		
The street addr	ess of its registered office and the street address of the business office of it be identical.	s registere	d agen	t,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so		
	James W. Hart, Preside (Printed or typed name and	title)		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and control I am familiar with and accept the obligation of my position as registere ing filed merely to reflect a change in the registered office address, I herely seen notified in writing of this change.	nplete perf d agent. C by confirm	orman Or, if th that th	ce iis ie
log	gnature of Registered Agent)  Jan 30, 20 (Date)	009		_
If signing on bo	chalf of an entity:			
	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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