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COVER LETTER

Matthew A. Taylor, P.A. · SUBJECT:_ (Name of Corporation) P05000163701 DOCUMENT NUMBER:___ 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: Matthew A. Taylor (Name of Contact Person) Matthew A. Taylor, P.A. (Firm/Company) 10132 SW 41st Terrace (Address) Ocala; FL 34476 (City/State and Zip Code) For further information concerning this matter, please call: at (352) 291-0011 (Area Code & Daytime Telephone Number) Matthew A. Taylor (Name of Contact Person) Enclosed is a \$35.00 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 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of chang	ge is submitted fo	or a corporation org	502, 607.1508, or 617. anized under the laws	of the State of_	Florida		
in order i	o change its reg		stered agent, or both,	in the State of F	ilorida.		
1. The name of the	• —	Matthew A. Tay	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	fice address: 10 4476	132 SW 41st Terrac	e				
3. The mailing add	lress (if different):			• • • • • • • • • • • • • • • • • • • •	 	
4. Date of incorpor	ration/qualificati	on: 01/01/2006	Document nur	mber: P0	5000163701		
5. The name and s Florida Departm		he current registered	l agent and registered of	office on file wi	ith the		
_		Matthew A.	Taylor		74 × 24		
		10116 SW 41s	t Terrace		2007 MAY 11 SECRETARY ALLAHASSE	תר	
	Ocala, FL 34476						
6. The name and so (if changed):	treet address of t	he new registered ag	gent (if changed) and /o	or registered off	m'C	FILED	
_	· · · · · · · · · · · · · · · · · · ·	Matthew A.		· · ·	ි -		
	10132 SW 41st Terrace						
_	(P.O. Box NOT acceptable)						
_		Ocala, FL	34476		_		
The street address as changed will be	of its registered identical.	l office and the stre	et address of the busin	ness office of it	ts registered a	gent,	
Such change was authorized by the	authorized by reboard, or the co	esolution duly adop rporation has been	ted by its board of dir notified in writing of	rectors or by an the change.	officer so		
_ Tillars	of an officer or direct			aylor, Vice-Production of typed name and			
/1.0 /	,	•	and agree to act in the atutes relative to the position of my position the registered office age.		,	nance if this it the	
mule			0	5/02/2007			
(Šigna	ture of Registered Ag	pat)		(Date)			
If signing on beha	lf of an entity:						
(Тур	ed 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