

P 7000002185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

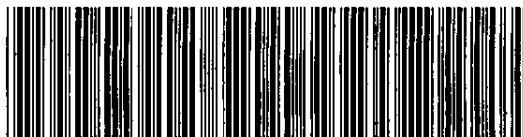
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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1/25/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2009

DANIEL J. ARONOFF, PRESIDENT
21 E. LONG LAKE ROAD
SUITE 100
BLOOMFIELD HILLS, MI 48304

SUBJECT: SHINGLE MITIGATION PARTNERS, INC.
Ref. Number: P07000002185

We have received your document for SHINGLE MITIGATION PARTNERS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE PROVIDE US WITH THE OFFICER SIGNATURE AND RETURN FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 309A00039276

RECEIVED
2010 JAN -8 AM 8:20
CORPORATE
TALLAHASSEE, FLORIDA

**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: Shingle Mitigation Partners, Inc.
2. The principal office address: 21 East Long Lake Road, Suite 100
Bloomfield Hills, MI 48304
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/05/07 Document number: P07000002185

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)

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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

Tom High
800 Seagate Drive, Suite 302
Naples, FL 34103

P.O. Box NOT acceptable

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 an officer or director

Daniel J Aronoff, 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 confirm that the corporation has been notified in writing of this change.

Tom M. High
Signature of Registered Agent

12/08/09
Date

If signing on behalf of an entity.

Typed 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
CR2B045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA