Electronic Filing Cover Sheet

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(((H080001958303)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

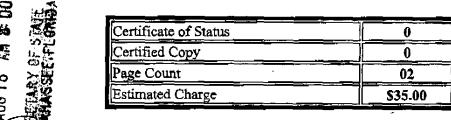
From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: 120000000195
Phone: (850)521-1000
Fax Number: (850)558-1575

REGISTERED AGENT CHANGE

BUSINESS HEIGHTS GROUP, INC.



Electronic Filing Menu

Corporate Filing Menu

Help

T Roberts AUG 18-2008

08 AUG 18 PM 2: 57

| statement of chi | provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis | mized under the laws of the | s State of | |
|---|--|--|--|-------|
| 1. The name of | the corporation: BUSINESS HEL | GHTS GROUP, INC | "1 ~- | |
| 2. The principal | office address: 5401 S. Kirkman | Road, Suite 310, Or | lando, FL 32819 | |
| 3. The mailing | address (if different): | | | |
| 4. Date of incor | poration/qualification: 9/13/07 | Document number: | P07000102076 | |
| 5. The name are | d street address of the current registered runent of State: | | | |
| _ | Sefa Mawuli | | | |
| | 613 Williamsburg Dr. | | | |
| | Daytona Beach, FL 32117 | | | 10 |
| 6. The name and (if changed): | d street address of the new registered age | | istered office | |
| | Corporation Service Compan | у | | 4 × × |
| | 1201 Hays Street | | | 14 T |
| | C.O. Box NOT acceptable Tallahassee, FL 32301 | E) | | 差 |
| The street address changed will | ess of its registered office and the stree | t eddress of the business o | office of its registered agent, | Dir. |
| Such change was authorized by the | as authorized by resolution duly adopte he board, or the corporation has been n | ed by its board of directors otified in writing of the ch | s or by an officer so lange. | |
| | are of an afficer or director) | SEFA MAW | ILI (CEO) | , |
| I hereby accept I further agree to of my duties, an accument is belicorporation has Corporat By (Signing on be) | the appointment as registered agent as to comply with the provisions of all stated I am familiar with and accept the obing filed merely to reflect a change in the been notified in writing of this change tion Service Company pusture of Registred Agent) half of an entity: 3. Knight | | acity, rand complete performance registered agent. Or, if this ss, I hereby confirm that the | |
| | yped of Fruilod Name) | | | |

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

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