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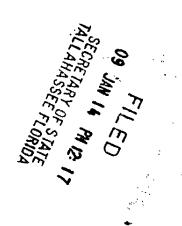
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COVER LETTER

Amendment Section Division of Corporations

TO:

	•,		
SUBJECT: The Law Office of Cary Anderson High, P.A. (Name of Corporation)			
DOCUMENT NUMBER: P08000067603			
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:		
Cary A. High, (Name of Contact Pe	Esq. erson)		
The Law Office of Cary And (Firm/Company	derson High, P.A.		
5201 West Kennedy Boule (Address)	evard, Suite 712		
Tampa, FL 3 (City/State and Zip C	33609 Code)		
For further information concerning this matter, please call:			
Cary A. High at ((Name of Contact Person)	813) 549-3117 Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of	f 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

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flo nange is submitted for a corporation organized under the laws of the Stat ler to change its registered office or registered agent, or both, in the Stat	te of Florida
1. The name of t	f the corporation: The Law Office of Cary Anderson High, P.A	
2. The principal	office address: 5201 West Kennedy Boulevard, Suite 712	
Tampa, FL	FL 33609	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 07/16/08 Document number: p0	8000067603 I
	nd street address of the current registered agent and registered office on fartment of State: (If resigned, enter resigned)	ile with the
	Cary A. High, Esq.	***
	6301 Memorial Highway, Suite 103	
	Tampa, FL 33615 '	os SEI
		AR S
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or register :	ed office ASSEE
	Cary A. High, Esq.	
	5201 West Kennedy Boulevard, Suite 712 (P.O. Box NOT acceptable)	IATE ORIDA
	Tampa, FL 33609	
The street addre	ress of its registered office and the street address of the business offic ll be identical.	e of its registered agent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the change	by an officer so te.
- /	Cary A. High where of an officer or director) Cary A. High (Printed or typed na)	
I hereby accept I further agree to of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacite to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as reging filed merely to reflect a change in the registered office address, I go been notified in writing of this change.	y. id complete performance istered agent. Or, if this hereby confirm that the
. (01/10/09	
•	Denalf of an entity: (Date)	14.00
	Cary A. High (Typed or Printed Name)	

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