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SECRETARY OF STATE ALLAHASSEF, FLORIDA

APPROVED AND



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: The Law Office of Cary Anderson High, P.A.							
Name	of Corporation						
DOCUMENT NUMBER: P	08000067603						
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
Cary A. High, Esg.							
Cary A. High, Esq. Name of Contact Person							
The Law Office of Cary Anderson High, P.A.							
Firm/Company							
704 0 - 45 11	LA O. W. 400 H004						
	l Avenue, Suite 106 #364 Address						
	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
Tamp	2 EL 33606						
Tampa, FL 33606 City/State and Zip Code							
cahigh@high-law.com E-mail address: (to be used for future annual report notification)							
2 man address. (to be assa i	or rutare unitain report notification,						
	,,						
For further information concerning this matter, plea	ase call:						
Cary A. High	at (813) 323-1746 Area Code & Daytime Telephone Number						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the De	epartment of State.						
	•						
Mailing Address:	Street Address:						
Amendment Section	Amendment Section						
Division of Corporations							
P.O. Box 6327 Tallahassee FI 32314	Clifton Building						
Tallahassee, FL 32314	2661 Executive Center Circle						

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flo ed under the laws of the Sta	_{te of} _Florida
			ed agent, or both, in the State Cary Anderson Hig	
2. The principal	office address: 701 So		venue, Suite 106 #364	
Tampa, F 3. The mailing a				
4 Date of incor	poration/qualification:	7.16.08	Document number:	P08000067603
5. The name an		rent registered age	ent and registered office on f	ile with the
	Cary A. High, Esq.			D FE
	5201 West Kenned	ly Blvd., Suite	712	10 FEB - 1 F
	Tampa, FL 33609			
6. The name and (if changed):	d street address of the nev	v registered agent	(if changed) and /or register	red office
	Cary A. High, Esq.			·
	701 South Howard			
	Tampa,FL 33606	P.O. Box NOT a	icceptable	
The street addr as changed wil	ress of its registered offic	e and the street ac	ddress of the business offic	e of its registered agent,
Such change w authorized by t	as authorized by resoluti he board, or the corporat	ion duly adopted l tion has been noti	by its board of directors or fied in writing of the chang	by an officer so ge.
Siglish	ire of an efficer or director		Cary A. High Printed or typed nan	
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflec s been notified in writing	istered agent and isions of all statut d accept the oblig tt a change in the g of this change.	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address, i	ty. id complete performance istered agent. Or, if this hereby confirm that the
	A. M		1.27.	10
	gnature of Registered Agent ehalf of an entity:		Date	
	Cary A. High Typed or Printed Name			

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