Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE

HIGH RIDGE MANAGEMENT CORP.

Certificate of Status	0
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## 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: HIGH RIDGE MANAGEMENT CORP.
2. The principal office address: 1200 N, 35TH AVE, HOLLYWOOD FL 33021-5413
3. The mailing address (if different): 200 SOUTH ORANGE AVENUE SUITE 2300 ORLADNO FL 32801-3432 US
4. Date of incorporation/qualification: 3/25/1994 Document number: P94000023427
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  A.G.C. CO
A.G.C. CO
200 S ORANGE AVE, STE 2300
ORLANDO FL 32801 US
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  C T Corporation System
c/o C T Corporation System, 1200 South Fine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324
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 goard, or the corporation has been notified in writing of the change.
(Marin Kallen-Zyn CEOlup  (Marin Kallen-Zyn CEOlup
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.
By: (Signature of Registered Agent) (9/4/09
(Signature of Requisited Agent)  If signing on behalf of an entity:
Altredo Montes
(Typed or Printed Name)  * * * FYLING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)