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SUBJECT

COVER LETTER

TO: Amendment Section Division of Corporations

AARON BROWN & ASSOCIATES, INC.

Name of Corporation

DOCUMENT NUMBER: P9400086392

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:

Jennifer L. Williamson, Esq.

Name of Contact Person

Crary Buchanan, P.A.

Firm/Company

P.O. Drawer 24

Address

Stuart, FL 34995-0024

City/State and Zip Code

jlw@crarybuchanan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa R. Taube

.,772

233-4602

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of 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

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

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