## P96000094379

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| . PICK-UP WAIT MAIL                     |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
ANALYSISE FI ORIDA

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Universal American Accounting Corp. (Name of Corporation)  |
| DOCUMENT NUMBER: P9600094379  |
| 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:   |
| Chris Wilson<br>(Name of Contact Person)  |
| Universal American Accounting (Firm/Company)  |
| 716 Hughey Street (Address)   |
| Kissimmeo FL 34741 (City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| Chriz Wilson at (407 ) 944-4744 (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  Street Address: Amendment Section Division of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

d.

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

| 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: Universal American Accounting Corp.   |
| 2. The principal office address: 716 Hughou Street  |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: Nov. 14 1996 Document number: P9600094379   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| Chris Wilson  |
| 2710 N. Orange Blossom Tr. #202 Mg =  |
| Kissimmoe FC 34744  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Chris Wilson  |
| 716 Hughey Street 4.0. Box NOT acceptable)  |
| Kissimmee, FL 34741   |
| 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 board, or the corporation has been notified in writing of the change.   |
| (Signature of an officer or director)  (Signature of an officer or director)  (Printed or typed name and title)   |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete performance<br>of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>document is being filed merely to reflect a change in the registered office address, I hereby confirm that the<br>corporation has been notified in writing of this change. |
| (Signardia of Paristand Agent)  |
| (Signature of Registered Agent)  If signing on behalf of an entity:   |
| (Typed or Printed Name)   |
| * * * FILING 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)