024364

Requestor's Name

HIGHWAVE INC. P.O. BOX 1633 ENGLEWOOD, FL 34095-1633

Office Use Only

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NEW FILINGS	AMENDMENTS	ngal ngang propins . Tagang tang propins	-	
Profit	Amendment			9: 4 STATE
NonProfit	Resignation of R.A., Office	r/Director		Sm I
Limited Liability	Change of Registered Agen	t		
Domestication	Dissolution/Withdrawal			
Other	Merger			
OTHER FILINGS	E REGISTRATION	7.14.7 1.14.7 1.14.7		
Annual Report	QUALIFICATION	X		
Fictitious Name	Foreign			
Name Reservation	Limited Partnership		-	
	Reinstatement			
	Trademark			

Other

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of $_$ FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: HIGHWAVE INCORPORATED
2. The mailing address of the corporation is: P.O. Box 1633
ENGLEWOOD, FL 34295-1633
3. Date of incorporation/qualification: MARCH 13, 1998 Document number: P98000024364
4. The name and address of the current registered agent and office:
JILL LEAH
19505 QUESADA AVENUE # 2915
PORT CHARLOTTE, FL 33948
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
JILL LEAH
255 NORTH DRIVE
ENGLEWOOD, FL 34223
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.
Jul Leah MAY 12, 1998
(Signature of an officer, chairman or vice chairman of the board) (Date)
JILL LEAH, PRESI DENT MAY 12, 1998 (Printed or typed name and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Wy 12, 1998 (Date) (Date)
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)