P98000089750

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08 OCT 30 PH 1: OL SECRETARY OF STATE ALLAHASSEE, FLORID

RA. Chonge

C.COULLIETTE

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EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: Hilltime, Inc. (Name of Cor	poration)			
DOCU	MENT NUMBER: P98000089750				
The en	closed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to	o the following:			
William Harrold (Name of Contact Person)					
	•				
	(Firm/Com	npany)			
	3507 Mad	clay Bivd			
3507 Maclay Blvd (Address)					
	Tallahasse (City/State and	e, FL 32312 Zip Code)			
For fu	ther information concerning this matter, please cal	N:			
Wi	(Name of Contact Person)	at (850) 443-4263 (Area Code & Daytime Telephone Number)			
Enclos	ed is a \$35.00 check made payable to the Departm	ent 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			

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

Pursuant to the provisions of section statement of change is submitted for in order to change its regist	a corporation organized w		-lorida	
1. The name of the corporation: Hill	time. Inc.			
2. The principal office address: 350	7 Maciay Bivd., Talla	hassee, FL 32312		· · · · · · · · · · · · · · · · · · ·
3. The mailing address (if different):	Same			
4. Date of incorporation/qualification	ı: <u>10/21/1998</u>	Document number: P98000	089750	
5. The name and street address of the Florida Department of State: (If re		nd registered office on file wit	h the	
Barbara E. Hill			-	
3507 Maclay Bl	vd.		- ,	
<u>Tallahassee, FL</u>	32312		- 5 00 -	
6. The name and street address of the (if changed):			08 OCT SECRETA ILLAHA	TT
William Harrold			30 ARY SSE	-
3507 Maclay Bl	Vd. (P.O. Box NOT acceptable)		PH ::	
	_ 32312		10 H	-dar
The street address of its registered as changed will be identical.	office and the street addre	ss of the business office of its	s registered agent	ι,
Such change was authorized by res authorized by the board, or the corp				
William Down (Signature of an officer or director	/ <i>A</i>	Uillianned or typed name and t	Λ	، کړی
I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar will document is being filed merely to re corporation has been notified in wi	registered agent and agre provisions of all statutes re n and accept the obligation effect a change in the regi			ce is e
Www. Mawt (Signature of Registered Agen	<i>[</i>]	10-29-0	8	
If signing on behalf of an entity:		. ,		
(Typed or Printed Name)	The state of the s			

* * * 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)