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C.COULLIETTE

DEC 09 2011

EXAMINER



	***			*
ION SERVICE COMPANY	ACCOUNT NO.	: 12000000	195	
	REFERENCE	017872	7546812	
	AUTHORIZATION	grebble no		
	COST LIMIT	\$ 35.00		
ORDER DATE :	December 7, 2011			
ORDER TIME :	10:01 AM			
ORDER NO. :	017872-009			
CUSTOMER NO:	7546812			
	· - · · -			
	CHANGE OF A	GENT		
NAME:	HOV SERVICES,	INC.		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILE	ING:	
	TIED COPY			
XX PLAIN	STAMPED COPY			

EXAMINER'S INITIALS:

CONTACT PERSON: Stephanie Milnes

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

statement of cha	nnge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of Delaws gistered agent, or both, in the State of Florida.		_
1 The name of	the corporation: HOV SERVICES	, INC.		
2. The principal	office address: 1305 Stephenson H	lighway, Troy MI 48083		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 1/6/1998	Document number: F98000000075		
5. The name and		ed agent and registered office on file with the		
	CT Corporation System			
	1200 South Pine Island R oad			
	Plantation Fl 48083		360	10 N
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered office	DEC -9	CRETAR
	Corporation Service Company		PH	1965 1975
	1201 Hays Street		***	67A
		table)	25	
	Tallahassee, FL 32301			1.2
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its registe	red age	ent,
Such change wa	is authorized by resolution duly ado	pted by its board of directors or by an officer an actified in writing of the change.	so	
	ren athey	Maureen Cathell, Vice President		
(Signah	re of an officer or director)	(Printed or typed name and title)		_
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this char on Service Company	t and agree to act in this capacity. statutes relative to the proper and complete pe obligation of my position as registered agent. n the registered office address, I hereby confir nge.	erforma Or, if m that	nce this the
By:	nace t-Kinbly	December 8, 2011		
(Sig	nature of Registered Agent)	(Date)		_
If signing on be	half of an entity:			
Grace E. Kirb	y, Assistant Vice President			
T)	yped 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)