M09000001718

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
\ \

Office Use Only



700186666057

10/19/10--01025--004 **25.00

FILED

10 OCT 19 PM 3: 57
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 20 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

				NAL II, LLC		
Name of	Limited	Liabii	ity C	ompany		
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	Office (Change	and	fee(s) are submitt	ed for filing.	
Please return all correspondence concerning	g this m	atter to	the t	following:		
Loretta McCool						
Name of Person						
Unisearch, Inc.						
Firm/Company						
325 13th Street NE, Suite 5	501				SLORETARY OF STATE TALLAHASSEE, FLORIDA	10 (
Address	<u> </u>		_		H.	2
					SSI	<u> </u>
Salem, OR 97301					E C	767
City/State and Zip Code					FSTA	
						n n
		<u>-</u>			Dr. Z	=
E-mail address: (to be used for future annual report	t notificati	on)				
For further information concerning this ma	itter, ple	ase cal	l:			
Loretta McCool	at (_	800	_)_	554-3113,		
Name of Person			Area	Code & Daytime Telep	hone Number	
STREET/COURIER ADDRESS:		MA	AILI	NG ADDRESS:		
Registration Section	Registration Section					
Division of Corporations	Division of Corporations P.O. Box 6327					
Clifton Building 2661 Executive Center Circle				x 6327 see, Florida 32314		
Tallahassee, Florida 32301		,	1141143	300, 1101104 32011		
Enclosed is a check for the follow	ing am	ount:				
\$25 Filing Fee		\$	55 Fi	ling Fee & Certifi	ied Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited ability company submits the following statement in order to change its registered office or registered agent, or both in the State of Florida.

1. Name of the limited liability company:	HURLEY INTERNATIONAL II, LLC			
2. (a) Principal office address of limited liability c	company:			
(Note: MUST BE STREET ADDRESS)	1945 PLACENTIA AVE, STE G COSTA MESA CA 92627			
(b) Mailing address of limited liability company	y:			
(Note: MAY BE POST OFFICE BOX)	1945 PLACENTIA AVE, STE G COSTA MESA CA 92627			
05/07/2009	M0900001718			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:			
Registered Agent:	HAMMOND, MEREDITH			
Registered Office Address:	8200 VINELAND AVE. #1729 ORLANDO FL 32821-6811			
•				
(b) Enter name of NEW Registered Agent and	/or NEW Registered Office address:			
NEW Registered Agent:	NRAI Services, Inc.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	2731 Executive Park Drive, Suite 4			
	Weston ,FL33331			
Signature of member or authorized representative of a member John F. Coburn III Printed or typed name of signee	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany. A STATE OF THE PROPERTY OF THE			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00