Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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From:			54 7	و معید نورد داد د سرویل
	Account Name	: UNITED AGENT GROUP INC.		2/40
	Account Number	120160000086		
	Phone	: (561)508 <u>-50</u> 33		
	Fax Number	: (561)694;1639	Jr.	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Email Address:

LLC REGISTERED AGENT CHANGE HURLEY INTERNATIONAL II LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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

1. The name of the limited fiability company is:	Hurley I	nternational LLC					
2. (a) Principal office address of the limited liability coma	napny:	1945 PLACENTIA AVE. STE G					
(Note: MUST BE STREET ADDRESS)	COSTA MESA CA 92627						
(b) Mailing address of limited liability company:	One Bowerman Drive						
(Note: MAY BE POST OFFICE BOX)	Per			<u> </u>			
		Beaverton OR 97005					
5/7/2009	M09000001718						
3. Date of filing/registration in Florida5.(a) Registered Agent and Registered Office sh	hown o	4. Excument number in the repords of the Florida Dept.	of State	e:	— —		
Registered Agent:	NRAI SERVICES, INC						
Registered Office Address:		1200 South Pine Island Road	1 7 7 7	<u>මේ</u>			
		Plantation FL 33324)5 T	T.	 ,		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Res	eistered Office address:	NSSE NSSE	1	il Sirin		
NEW Registered Agent:		United Agent Group Inc.		्या	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NEW Registered Office Address:		11380 Prosperity Farms Road #221E					
(MUST BE FLORIDA STREET ADDRESS)		at a second of the second of t		<u> </u>			
•		Palm Bench Gardens FL 33	1410 <u>™</u>				
If the limited liability company is not organized under the or changes are made, the Florida street address of the registentical. Or, in the case of a Florida limited liability company affirmative vote of the members of the limited liability the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member o	gistered of ompany, l ty company,	office and the business office of the regit t is hereby confirmed that the change(s) my or as Therwise provided in the article	stered age was/wer	ent will t e authori	ce . ized by		
Kara Rosa, Attorney-in-Fact (Printed or Typed name of signee)		Öğ = 5"					
•	mance oj ter 605. } e limited <mark>Gorot</mark> ar	Fmy duties, and I am familiar with and i F.S. Or, if this document is being filed to liability company has been notified in w	accept the o merely	e obligat reflect a	tions of change		
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11380 Prosperity Farms Hoad #221E Palm Beach Gardens FL 33410 (561) 694-8107							