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(((H12000230811 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : I20080000085 : (770)777-2091 Phone Fax Number : (770)220-1943

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

Email Address:

REGISTERED AGENT CHANGE HILLER SYSTEMS INCORPORATED

Certificate of Status	0
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COVER LETTER

	n of Corporations
SUBJECT:	egistered agent address update (name to remain as is)
	Name of Corporation
DOCUMENT	NUMBER: HILLER SYSTEMS INCORPORATED
The enclosed St	atement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	KRahm
	Name of Contact Person
	Triad Professional Services
	Firm/Company
	1720 Windward Concourse, Ste 390
	Address
	Alpharetta, GA 30005
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Kristen	Rahm Name of Contact Person at (770) 777-2091 Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Numbe

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

	(((H12000230811 3))))	
Pursuant to the	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this	
statement of cha	ange is submitted for a corporation organized under the laws of the State of Louisian	8	
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	the corporation: HILLER SYSTEMS INCORPORATED		
2. The principal	l office address:		
3245 W.	FAIRFIELD DRIVE PENSACOLA FL 32505		
7 The mailing o	address (if different): P.O BOX 91508		
	E AL 36691-1508		
	rporation/qualification: 05/01/1981 Document number: 849004		
		<u> </u>	
	id street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned)		
	NRAI SERVICES, INC.	<i>₹</i> ਨ	
	2731 EXECUTIVE PARK DRIVE SUITE 4	41330 1 438	
	WESTON FL 33331 US	5 YS	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	MII: 25 OF STATE	Ö
	NRAI SERVICES, INC.	ı	
	515 East Park Avenue		
	P.O. Box NOT neceptable		
	Tallahassee, FL 32301		
The street address changed will	css of its registered office and the street address of the business office of its register lee identical.	red agent	,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer she board, or the corporation has been notified in writing of the change.	ю	
_	ure of an officer or director Printed or typed name and title		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as regi ils document is being filed merely to reflect a change in the registered office addre I that the corporation has been notified in writing of this change.	stered ss, I	
Sign Sign	an Rahm 9/17/2012 gnature of Registered Agent Date		
If signing on be	ehalf of an entity;		
	im, Asst Secretary to NRAI		
	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *