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FILING REQUEST

September 14, 2006

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

NOVA CONSULTING GROUP, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK # 24068 FOR \$ 35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of Minnesot or registered agent, or both, in the State of Florida.		
1. The name of the corporation: NOVA Consulting Group, Inc.				
2. The principal	office address: 1107 Hazeltine	Blvd, Chaska, MN 55318	·	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 9/27/200	Document number: F0000053	388	
	street address of the current reg trnent of State:	istered agent and registered office on file with the		
	CT Corporation Syste	m		
	1200 South Pine Island Road			
	Plantation, FL 33324		SION OF C	
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	P 889	
	NRAI Services, Inc.		STATE ORATIC	
	2731 Executive Park	Drive, Suite 4	5 10NS	
	(P.O. Box NOT	acceptable)	• •	
	Weston, FL 33331	, , , , , , , , , , , , , , , , , , , ,	ж., <u>же</u> с <u>ж</u> .	
The street address changed will	ess of its registered office and the be identical.	ne street address of the business office of its regist	iered agent,	
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	r so	
Ausan m	Gacobson	Susan M. Jacobson, CFO (Printed or typed name and little)		
,- 0	,	agent and agree to act in this capacity. f all statutes relative to the proper and complete p t the obligation of my position as registered agen nge in the registered office address, I hereby confi change.	performance t. Or, if this irm that the	
_	Decen	9/14/2006		
	enature of Registered Agent)	(Date)		
	half of an entity:			
	nan, Assistant Secretar Typed or Printed Name)	<u>/</u>	•	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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