. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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CORPORATION SERVICE COMPANY"

ACCOUNT NO. : 12000000195

REFERENCE :

877498

5112476

AUTHORIZATION

COST LIMIT

ORDER DATE: August 11, 2011

ORDER TIME : 10:0 AM

ORDER NO. : 877498-003

CUSTOMER NO: 5112476

CHANGE OF AGENT

NAME: NA HOKU, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILI
--

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Hawaii er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: NA HOKU, INC.
	office address:
	na Street, 12th Fl., Honolulu, HI 96819-1942
	address (if different):
4. Date of incorp	poration/qualification: 02/23/2001 Document number: F01000001115
	d street address of the current registered agent and registered office on file with the rtment of State:
	Tim Hay
	7680 Universal Blvd., Stc. 520
	Orlando, FL 32819
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
(Signatu	Edward D. Sultan, President & CEO (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bein corporation has	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 performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
By:	on Service Company
- Joig	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
	ct, Asst. Vice President (Typed 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