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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300

Fax Number : (608)827-5501

SECRETARY OF STATE

REGISTERED AGENT CHANGE

BERKSHIRE ADVISORS, INC.

OOB SEP 17 AM 8: 00
ECRETARY OF STATE

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9/17/2008

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

	provisions of sections 607.0502, 617.050 f change is submitted for a corporation org		atutes,
New Jersey	in order to change its registered of	lice or registered agent, or both, in the	State
of Florida.	the corporation: Berkshire Advisors, Inc.		_
	office address: 24734 Lake Road, Bay Villa	ane OH 44140	2
2. The principal	office address:		A PE
3. The mailing	address (if different):	7	
·			mics.
4. Date of incom	poration/qualification: 8/2/2001	Document number: F0100000412	210004
5. The name an	d street address of the current registered agreement of State: NRAI SERVICES, INC.	ent and registered office on file with the	
	2731 EXECUTIVE PARK DRIVE, SUITE 4		
	WESTON FL 33331		
6. The name a changed):	nd street address of the new registered ag Business Filings Incorporated	ent (if changed) and /or registered off	ice (if
	1203 Governors Square Blvd, Suite 101		
	(P.O. Bex or personal mealbox NO Tallahassee, FL 32301-2960	T acceptable)	
agent, as chang	ess of its registered office and the street ac ed will be identical.		
Such change wanthorized by	as authorized by resolution duly adopted t he board, or the corporation has been notif	y its board of directors or by an office ited in writing of the change.	r so
Miller	Mich	ael H. Walker, President	_
I hereby accept further agree performance of registered ages office address,	the appointment as registered agent and to comply with the provisions of all statute my duties, and I am familiar with and act. Or, if this document is being filed mere I hereby confirm that the corporation has	agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as ely to reflect a change in the registered been notified in writing of this change	, –
If signing on beha	If of an entity:		
Mark Williams	Typed or Printed Name)	(Capacity)	-
	* * * FILING FEE: \$3	35.00 * * *	

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

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