F02000002346

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				

Office Use Only



900257132249

SECRETARY OF STATE

DEPÁRIMENT OF STA

RAPRO Change

APR 24 2014 T. CARTER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/23/14

NAME:

HRA MANAGEMENT CORPORATION

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION:

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

statement of char	revisions of sections 607 nge is submitted for a cor to change its registered	poration organize	d under the laws of	the State of	Dela	ware	-
1. The name of the	of the corporation: HRA MANAGEMENT CORPORATION						
2. The principal	office address:	·					
	1440 Highway A1A		Vero Beach		FL	L 32963	
3. The mailing ac	ddress (if different):						
- payer a tributa a second	1440 Highway A1A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vero Beach		FL.	32963	
4. Date of incorp	oration/qualification:	05/10/2002	Document numb	per:	F02000	002346	·
	street address of the curr tment of State: (If resigne		it and registered off	ice on file w	vith the		
		F&LC	orp.		-	7.1	Ĩ,
	One Independent Drive, Suite 1300					NO NO	ر در ا
	Jacksonville		FL	32202	-	70 (2)	-E1
6. The name and (if changed):	street address of the nev	nal Corporate R	esearch, Ltd., In		ffice	PH 12: 08	STATE
		P.O. Box NOT acc		· · · · · · · · · · · · · · · · · · ·	_		
	Tallahas	see	Florida	32301	_		
as changed will	ess of its registered office be identical. as authorized by resolution board, or the corporation						ent,
Signature of an officer or director			Thomas Mitch	nell yped name and t	Treasurer		_
I hereby accept I further agree i performance of agent. Or, if the hereby confirm Sig If signing on be	the appointment as regite comply with the provi- my duties, and I am fam is document is being file that the corporation has an annure of Regulered Agent half of an entity:	itiar with and acco d merely to reflect	gree to act in this of s relative to the pro- ept the obligation of a change in the re	capacity. Oper and col of my position gistered offi	mplete	gistered ess, I	-
	porate Research, Ltd. uped or Printed Name						

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