F0200001736

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED



COVER LETTER

	ndment Section sion of Corporations
SUBJECT:_	Hanna Design Group, Inc. Name of Corporation
	Name of Corporation
DOCUMEN	T NUMBER: F02000004736
The enclosed	Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Terri De Jorg Name of Contact Person
	Hanna Design Group Inc.
	Firm/Company
	650 E. Alyongun Rd Ste 405
	Schaumburg IL 60173 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
ler	Name of Contact Person at (947) 719-0320 Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a	\$35.00 check made payable to the Department of State.

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize er to change its registered office or registere	ed under the laws of the State of Illinois	s
1. The name of	the corporation: Hanna Design Group,	Inc.	
	office address:		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 09/17/2002	Document number: F02000004	736
5. The name and	d street address of the current registered age rtment of State: (If resigned, enter resigned)	nt and registered office on file with the	
	CORPORATE ACCESS, INC.		
	236 East 6Th Ave		
	Tallahassee, THE ABOVE N 3230	3	i .
6. The name and street address of the new registered agent (if changed) and /or register (if changed):		(if changed) and /or registered office	FILE 14 OCT 28 SECRETARY ALLAHASSE
	InCorp Services, Inc.		Z78 AT ARY O
	17888 67th Court North		AM 12: OF ST
	P.O. Box NOT acc Loxahatchee, FL 33470	septable	51 FATE ORIDA
The street addras changed will	ess of its registered office and the street ad l be identical.	dress of the business office of its regis	stered agent,
Such change w	as authorized by resolution duly adopted by be board, or the corporation has been notified.	y its board of directors or by an office led in writing of the change.	r so
VII whi	are of an officer or director		1 C Hanny
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agent and a to comply with the provisions of all statute f my duties, and I am familiar with and acc his document is being filed merely to reflect that the corporation has been notified in v	s relative to the proper and complete ept the obligation of my position as re a change in the registered office add	egistered ress, I
	enature of Registered Agent	October 15, 2014	.
•	ehalf of an entity:		
Natalie Bale	es on behalf of Incorp Services	s, Inc.	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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