Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000861773)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE HC (USA), INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delsware statered agent, or both, in the State of Florida.	-
1. The name of t	he corporation: HC (USA), INC.		
	office address:		
3. The mailing a	ddress (if different):		
4. Date of incom	oration/qualification: 12/16/2002	Document number: F02000006243	
	street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	
•	CORPORATION SERVICE COMPAN	ıy	
	1201 HAYS STREET TALLAHASSEI	E, FL 32301-2525	٠
6. The name and (if changed):	NRAI Services, Inc.	ngent (if changed) and /or registered office	14 NP# 10
	1200 South Pine Island Road	NOT	聖
	Plantation, Florida 33324	NOT acceptable	(A)
_		ted by its board of directors or by an officer so notified in writing of the change. John Benigenburg, Secretary	
// -	of an othige or director	Printed or typed name and title	_
Fiereby accept I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an a document is being filed merely to r that the corporation has been notifie	and agree to act in this capacity, latutes relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address, I d in writing of this change.	
By:	sture of Registered Agent	3/28/2014	_
Assist	nalf of an entity: stin Bolden ant Secretary pod or Printed Name		
	* * * FILING	FEE: \$35.90 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 CR2E045 (03/12)