

Division of Corporations

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# F04000001001

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

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

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**\*\*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 HCA ADVERTISING SERVICES, INC.

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

R.A. / R.O. / chs  
@ 4.14.14

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April 11, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HCA ADVERTISING SERVICES, INC.  
1515 SOUTH FEDERAL HIGHWAY  
SUITE 401  
BOCA RATON, FL 33432

SUBJECT: HCA ADVERTISING SERVICES, INC.  
REF: F04000001661

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current registered agent information listed does not match our records.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H14000086178  
Letter Number: 314A00007813

RECEIVED

14 APR 11 AM 11:15

AT FILING OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**\*RE-SUBMIT\***  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: HCA ADVERTISING SERVICES, INC.
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/16/2004 Document number: F04000001661
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PORTER, DARRYL

1515 SOUTH FEDERAL HIGHWAY SUITE 401 BOCA RATON, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____ Signature of an officer or director	<u>John Eenigenburg, Secretary</u> Printed or typed name and title
--	---

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: <u>NRAI Services, Inc. <i>Kristin Bolden</i></u>	<u>3/26/2014</u>
_____ Signature of Registered Agent	_____ Date

If signing on behalf of an entity:

Kristin Bolden

Assistant Secretary

\_\_\_\_\_  
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

CR2E045 (03/12)

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