F04000003475

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Žip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Amendment Section Division of Corporations SUBJECT: Haggal Institute for Advanced Leadership Training, Inc.
Name of Corporation .F04000002475 DOCUMENT NUMBER: 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: Laura Balley
Name of Contact Person URS Agents, LLC Firm/Company 2265 Red Tall Lane Address Chattanooga, TN 37421 City/State and Zip Code sbarnes@annuairegistration.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 423 994-9350
Area Code & Daytime Telephone Number Laura Balley Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

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

| statement of cha | ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida hange is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of | Georgia |
|---|--|--|
| | of the corporation: Haggai Institute for Advanced Ledership | |
| 2. The principal | al office address: 4725 Peachtree Corners Cir. 0, Norcross, GA 30092 | |
| *** | g address (if different): P.O. Box 13, Atlanta, GA 30370-2801 | |
| 4. Date of incorp | prporation/qualification: 04/29/2004 Document number: | F04000002475 |
| | nd street address of the current registered agent and registered office on file w partment of State: (If resigned, enter resigned) | ith the |
| | C T Corporation System | . |
| | 1200 South Pine Island Road | _ |
| ٠ | Plantation, FL 33324 | - |
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or registered of URS Agents, LLC | TIL 2012 MAY 29 SECRETARY |
| | 1540 Glenway Drive | |
| | P.O. Box NOT acceptable | |
| | Tallahassee, FL 32301 | Ξ Ψ |
| The street addre | iress of its registered office and the street address of the business office of i | its registered agent, |
| Such change wa authorized by th | was authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change. | officer so |
| John Signatur | Sund Haggai Dr. John Edmund Haggai - Trinted or typed name and to | Founder & CEO |
| I hereby accept I further agree t of my dutles, an document is beit corporation has URS Agents. | of the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and count I am familiar with and accept the obligation of my position as registere eing filed merely to reflect a change in the registered office address, I here as been notified in writing of this change. | mplete performance ed agent. Or, if this by confirm that the |
| hv: Xá | auticipalen 5-24-2012 | |
| Sign | Signature of Registered Agent Date | |
| If signing on bel | behalf of an entity: | |
| | ura Balley - Manager Typed or Printed Name | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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