## F04000005306

(Re	equestor's Name)			
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## **COVER LETTER**

TO: Amendm Division	ent Section of Corporations		
SUBJECT:	HYDRAULITALL, IN	CORPORATED Corporation)	
DOCUMENT N	umber: F040	00005306	<del></del>
The enclosed Stat	ement of Change of Registered Office	e/Agent and fee are submitte	ed for filing.
Please return all c	orrespondence concerning this matte	r to the following:	
	Cathorina	. Dottinalli	
		Botticelli	
	(Name of Co	entact Person)	
	US Registere	d Agents, Inc.	
		ompany)	<del></del>
		eet, Suite One dress)	
	Tappan,	NY 10983	
	(City/State a	nd Zip Code)	<del></del>
For further inforn	nation concerning this matter, please	call:	
	Catherine Botticelli	at ( 845 )	398-0900
	ame of Contact Person)	at ( 845 ) (Area Code & Daytin	ne Telephone Number)
Enclosed is a \$35	.00 check made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tollahassee, FL 32314	Street Address: Amendment Sec Division of Corp Clifton Building	oorations

Tallahassee, FL 32301

TO:

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

statement of cha	ange is submitted for a c	corporation organi	z, 607.1308, or 617.1308 zed under the laws of the	State of New York	<del></del>
			red agent, or both, in the	•	
	. The name of the corporation: HYDRAULITALL, INCORPORATION To Principal office address: 727 Union Avenue, Riverhead, NY				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: _	09/15/2004	Document number:	F4000005306	
	d street address of the curtment of State:	urrent registered ag	ent and registered office	on file with the	
		William I	Rice		_
	7080	Environ Bo	ulevard #126		7000
		Lauderhill, F	L 33319		:
6. The name and (if changed):	d street address of the ne	ew registered agent	t (if changed) and /or reg	istered office	
		NRAI Service	ces, Inc.		
			k Drive, Suite 4		
	(P.C	O. Box NOT acceptable)	20004	<del></del>	
		Weston, FL	. 33331	<del></del>	
as changed will	be identical.			office of its registered ager	nt,
Such change wa authorized by the	as authorized by resolu ne board, or the corpora	ition duly adopted ation has been not	by its board of director ified in writing of the c	s or by an officer so hange,	
A IN THE REST	ue of an office of effector		Joseph Ed	gar, President	_
		gistered agent and nusions of all statu nd accept the oblig set a change in the ng of this dhange.		orain and the performan orain complete performan registered agent. Or, if t ss, I hereby confirm that the	ıce his he
	gnature of Registered Agent)		- 4//19	3/0G	_
If signing on be	half of an entity:	•			
	melden, Ass't Sec'y of	NRAI	LINE		
(-	,	* * FILING FEI	E: \$35.00 * * *		

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