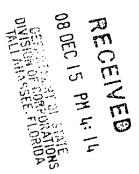
## F06000006767

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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08 DEC 15 PM 4: 40
SECRETARY OF STATE
SECRETARY OF STATE

RA. Change C.COULLIETTE

DEC 162008

**EXAMINER** 



ACCOUNT NO. : 07210000032

REFERENCE: 820349 4369610

AUTHORIZATION:
COST LIMIT: \$ 35.00
ORDER DATE: December 10, 2008
ORDER TIME: 2:38 PM
ORDER NO. : 820349-017
CUSTOMER NO: 4369610
CHANGE OF AGENT
NAME: HAPP CONTROLS, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS:

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

statement of change is si	ubmitted for a corporation organiz	, 607.1508, or 617.1508, Florida Sized under the laws of the State of $\frac{11}{100}$ red agent, or both, in the State of Flo	llinois
1. The name of the corpo	oration: HAPP CONTROLS	S, INC.	•
2. The principal office ac			
106 Garlisch Dr	rive, Elk Grove Village, II	L 60007	
3. The mailing address (i	if different):		
4. Date of incorporation/	qualification: 10/16/2007	Document number: F06000	0006767
5. The name and street a Florida Department of		ent and registered office on file with	1 the
СТС	Corporation System		
1200	South Pine Island Road		75 Q
Plant	ation, FL 33324		08 DEC 15 SECRETARS FALLARIASS
6. The name and street as (if changed):	ddress of the new registered agent	(if changed) and /or registered offic	TARY OF
Corpo	oration Service Company		of STAT
1201	Hays Street		8E 5
	(P.O. Box NOT acceptable)		P
<u>Tallal</u>	hassee, FL 32301		·
The street address of its as changed will be ident	registered office and the street actical.	ddress of the business office of its	registered agent,
Such change was author authorized by the board	rized by resolution duly adopted, or the corporation has been noti	by its board of directors or by an of fied in writing of the change.	officer so
Man-	Dicer or director)	Maureen Cullen Attorney (Printed or typed name and tit	
I hereby accept the appoint of the property of	<b>,</b>	agree to act in this capacity. tes relative to the proper and comp tation of my position as registered registered office address, I hereby	,
, ,		(Date)	
If signing on behalf of a	·		
(Typed or Pri	son, Asst. Vice President inted 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 \* \* \*