F08000000327

(Re	questor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			



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Chart SEP 2 6 2008

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: HERCAZ INC. (Name of Cor	poration)		
DOCU	JMENT NUMBER: F0800000327			
The en	nclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to	o the following:		
	Janice Null (Name of Conta	act Person)		
Incorp Services, Inc. (Firm/Company)				
375 N. Stephanie St., Suite 1411 (Address)				
Henderson, NV 89014-8909 (City/State and Zip Code)				
For fu	rther information concerning this matter, please cal	l:		
Janio	ce Null on behalf of Incorp Services, Inc (Name of Contact Person)	at (702) 866-2500 ext. 2027 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta inge is submitted for a corporation organized under the laws of the State of <u>D</u> er to change its registered office or registered agent, or both, in the State of Flo	elaware		
1. The name of	the corporation: HERCAZ INC.			
	office address: 2434 SYLVAN CHASE DR. ORANGE PARK FL 3207	′3		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 01/23/2008 Document number: F080000	00327		
	d street address of the current registered agent and registered office on file with rtment of State:	the		
	INCORP SERVICE INC.			
	17888 67TH CT. NORTH	≅ 1.		
	LOXAHATCHEE FL 33470 US	SECR NELA	S 80	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ETARY HASSE	EP 22	
	Incorp Services, Inc.	E.F.	PX	
	17888 67th Court North	STAT ORI	1:4:	O
	(P.O. Box NOT acceptable) Loxahatchee, FL 33470	DA A	9	
	ess of its registered office and the street address of the business office of its be identical. as authorized by resolution duly adopted by its board of directors or by an ohe board, or the corporation has been notified in writing of the change.			t,
(Signal	ure of an officer or director) (Printed or typed name and titl	le)		
I hereby accept I further agree of my duties, and document is be corporation ha	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comp nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	olete perf agent. C confirm	orman)r, if th that th	ce is ie
Janice	ignapur of Registered Agent) Services, Inc. (Date)			
If signing on b	ehalf of an entity:			
Janice Null o	n behalf of Incorp Services, Inc.			
	Typed or Printed Name)			

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