

# File000000514

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CORPORATE ACCESS, INC.  
Account Number : FCA000000011  
Phone : (850) 222-2666  
Fax Number : (850) 222-1666

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  
HUBER TECHNOLOGY, INC.**

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of GA  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HUBER TECHNOLOGY, INC.
2. The principal office address: 9735 NORTHCROSS CENTER CT., SUITE A  
HUNTERSVILLE, NC 28078
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/04/2011 Document number: F11000000514

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)

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR, STE 4  
WESTON FL 33331 US

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

PARACORP INCORPORATED  
236 EAST 8TH AVENUE  
P.O. Box NOT acceptable  
TALLAHASSEE, FL 32303

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.

Carsten Alting Carsten Alting, Secretary  
Signature of an officer or director 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.

Theresa Nunn Ho, Asst. 7/21/2011  
Signature of Registered Agent SECRETARY Date

If signing on behalf of an entity:

PARACORP INCORPORATED  
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 (8/05)

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