Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

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Email Address:

REGISTERED AGENT CHANGE HHA SERVICES, INC.

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Corporate Filing Menu

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11/26/2012

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CT CORPORATION

COVER LETTER

Name of Corporation F92000000785 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: A. NELSON Name of Contact Person ABM INDUSTRIES INC. Firm/Company 8101 West Sam Houston Parkway Address Houston TX, 77072 City/State and Zip Code allison.nelson@abm.com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: A. Nelson Name of Contact Person at (13), 776-5218 Area Code & Daytime Telephone of State. Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle		
Che enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: A. NELSON Name of Contact Person ABM INDUSTRIES INC. Firm/Company 8101 West Sam Houston Parkway Address Houston TX, 77072 City/State and Zip Code allison.nelson@abm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: A. Nelson at 113 776-52/8 Area Code & Daytime Telephone Numbers of Corporations P.O. Box 6327 Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building	Name of Corp	oration
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P.O. Box 6327 Clifton Building		
		F92000000785 I NUMBER: Statement of Change of Registered Office/A all correspondence concerning this matter to A. NELSON Name of Contact ABM INDUSTRIES INC. Firm/Comp 8101 West Sam Houston Parkway Address: Houston TX, 77072 City/State and 2 allison.nelson@abm.com E-mail address: (to be used for future formation concerning this matter, please called the Name of Contact Person \$35.00 check made payable to the Department Section Division of Corporations

CR2E045 (03/12)

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

. The name of	the corporation: HHA SERVICES, INC	·			
2. The principal office address; 8101 W. Sam Houston Pkwy, Houston, TX 77072 3. The mailing address (if different):					
	d street address of the current registere rument of State: (If resigned, enter resigned,		with the		
	CORPORATION SERVICE COMPAN	īY			
	1201 HAYS STREET		1 02		
•	TALLAHASSEE, FL 32301		ALL:		
The name and (if changed):	d street address of the new registered a	ngent (if changed) and /or registered	ED PM		
	c/o C T Corporation System, 1200 South	h Pine Island Road	2:5		
		NO'l' acceptable			
	Plantation, Florida 33324				
he street addre s changed will	ess of its registered office and the stre be identical.	et address of the business office of	its registered agent,		
	as authorized by resolution duly adopt ne board, or the corporation has been to	ted by its board of directors or by a notified in writing of the change.	n officer so		
uch change wa athorized by th		PI			
Z D Signatu	re of an officer or director	Printed or typod name and	of Vice Preside		
Z D Signatu		Printed or typed name and agree to act in this capacity. attues relative to the proper and cold accept the obligation of my positive flect a change in the registered off in writing of this change.	tius		
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Signature hereby accept further agree performance of gent. Or, if the treby confirm CTC By: Sign	the appointment as registered agent to comply with the provisions of all stomy duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified orporation System Teluro of Registered Agent	11/08/2012	tius		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)