## F93000001935

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

Office Use Only



800175341678

PACKERSE

04/12/10--01063--019 \*\*35.00

FILED
2010 APR 12 PH 4: 57
SECRETARY OF STATE
SECRETARY OF STATE

180R 4/14/10



April 1, 2010

VIA REGULAR MAIL

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

**RE:** Eilerson Development Corporation

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Norine Nagel

NN/ms Encl.

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

statement of cha	nge is submitted for a	corporation organ	2, 607.1508, or 617.1508, ized under the laws of the c cred agent, or both, in the S	State of Virginia	<del></del> .	
1. The name of the corporation:			Eilerson Development Corporation			
2. The principal						
1660 Hugu	enot Road, Midloth	ian, VA 23831				
3. The mailing a	ddress (if different):	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>,</u>			
4. Date of incorp	poration/qualification:	04/19/1993	Document number:	F93000001935		
5. The name and			gent and registered office (			
	CT Corporation	System				
	1200 South Pine	e Island Road		2010 I SEC	71	
	Plantation, FL 3			SECRETARY SECRETARY TALLAHASS	FILE	
6. The name and (if changed):	street address of the r	ew registered ager	nt (if changed) and /or regi	istered office	-	
	NRAI Services	, Inc.		FLORIS 5	i	
	2731 Executiv	e Park Drive,	Suite 4		<b>†</b>	
	·	O. Box NOT acceptable	)	<del></del>		
	Weston, FL	33331				
The street addre	ess of its registered of be identical.	fice and the street	address of the business o	office of its registered a	igent,	
Such change was authorized by the	as authorized by resolute board, or the corpo	ution duly adopte ration has been no	d by its board of directors patified in writing of the ch	s or by an officer so nange.		
	ire of an object or director		Christopher M. Johns	SOR ed name and title)		
I hereby accept I further agree to of my duties, an document is bei	the appointment as r	ovisions of all star and accept the ob- lect a change in th	nd agree to act in this cap tutes relative to the prope ligation of my position as ne registered office addre	pacity.	mance if this at the	
- Msių	ghature of Registered Agent)	<u> </u>	4/1/10	atc)		
If signing on be	thalf of an entity:					
	el-Assistant Secre	etarv				
	Typed or Printed Name)	<del></del>				

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