## F94000002491

	.*		
(Requestor's Name)			
•	,		
	•		
(Ac	ldress)		
	· · · · · · · · · · · · · · · · · · ·		
(Ar	ldress)		
(, ,,,	idio33)		
(Ci	ty/State/Zip/Phone	. #\	
(0)	Ly/Ctate/Zip/P11011e	17)	
_	_	_	
PICK-UP	☐ WAIT	MAIL	
	-		
/D.	siness Entity Nam	20)	
(Bt	isiness Entity Nam	ie)	
		· · · · · · · · · · · · · · · · · · ·	
(Document Number)			
Certified Copies Certificates of Status			
0	F::: Off:		
Special Instructions to	Filing Officer:		
1			
ĺ			
}			
l			
l			

Office Use Only

RA RO Ch8



200108635442

08/27/07--01050--009 \*\*35.00

07 AUG 27 AM 9: 20

SECRETARY OF STATE
OIVISION OF CONTROLS
OIVISION OF CONTROLS
OIVISION OF CONTROLS
OF CONTR



200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

August 22, 2007

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Rolf Jensen & Associates, Inc.

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. Also enclosed is a check for the required fee.

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,

Tony Alexander

TA/smc. Encl.

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized r to change its registered office or registered	d under the laws of the State of Illinois	
	he corporation: Rolf Jensen & Associate		····
2. The principal	office address: 600 West Fulton Street, Suite	e 500	
Chicago, IL	60661		
3. The mailing ac	ddress (if different):		<u> </u>
4. Date of incorp	poration/qualification: 5/12/1994	Document number: F94000002	2491
	street address of the current registered agen tment of State:	t and registered office on file with the	
	CT Corporation System		O. S.
	1200 South Pine Island Road		AUG FIGHT
	Plantation, FL 33324		FILED ARYON 27
1200 South Pine Island Road  Plantation, FL 33324  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	NRAI Services, Inc.		<b>2</b> 35
2731 Executive Park Drive, Suite 4			
	(P.O. Box NOT acceptable)		
	Weston, FL 33331		
The street addre as changed will	ss of its registered office and the street add be identical.	lress of the business office of its regi	stered agent,
$\sim$	s authorized by resolution duly adopted by e board, or the corporation has been notifi	its board of directors or by an office ed in writing of the change.	er so
	Christopher Tumilty, Treasurer (Signature of an officer or director)  Christopher Tumilty, Treasurer (Printed or typed name and title)		
I hereby accept I further agree to of my duties, and document is bein corporation has	the applintment as registered agent and a comply with the provisions of all statutes of a land accept the obligation of the collect and accept the obligating filed merely to reflect a change in the reflect and accept the collect accept the c	gree to act in this capacity. Trelative to the proper and complete tion of my position as registered age gistered office address, I hereby con	performance nt. Or, if this firm that the
mat	fare	8/20/07	
	nature of Registered Agent) ander, Asst. Secretary nalf of an entity:	(Date)	
	gistered Agents, Inc. yped or Printed Name)		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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