F99000001029

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(Business Entity Name)	
(Dusiliess Ethity Name)	
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FILING REQUEST

June 8, 2006

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT/OFFICE

Subject(s):

HANLIN RAINALDI CONSTRUCTION CORP.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE

Supporting Document(s):

Check Enclosed:

CHECK #23080 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

1.00

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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

Pursuant to the p	provisions of sections 60	07.0502, 617.0502,	607.1508, or 617.1508, Flori	ida Statutes, this	
•	-		ed under the laws of the State		
in order	r to change its registere	d office or registere	d agent, or both, in the State	of Florida.	
1. The name of the	n Corp.				
2. The principal office address: 6610 Singletree Drive, Columbus, OH 43229					
· ····································					
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification:	2/23/1999	Document number:	F9900001029	
5. The name and Florida Depart		rrent registered age	nt and registered office on file	e with the	
	C	T Corporation	System		
	1200	South Pine I	sland Road	— SE 06	
		Plantation, FL	33324		
6. The name and (if changed):	street address of the ne	w registered agent ((if changed) and /or registered	が語って	
		NRAI Service	es, Inc.		
			CDrive, Suite 4		
	(P.C	. Box NOT acceptable) Weston, FL	22221		
		· ·			
The street addre	ss of its registered offi- be identical.	ce and the street ad	ldress of the business office	of its registered agent,	
			by its board of directors or be fied in writing of the change	y an officer so	
Wi St			Kristy Krull, C		
I hereby accept I further agree t of my duties, an document is bei	the appointment as rec	visions of all statute ad accept the obliga ct a change in the	agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, I l	,	
	gparture of Registered Agent)	7	CAJZW (Date)	?	
	half of an entity:				
Jackie Sorr	nan, Assistant Se	cretary			
	yped or Printed Name)				

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