Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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REGISTERED AGENT CHANGE JEFF D. HACKMEIER & ASSOCIATES, INC.

Certificate of Status	0		
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COVER LETTER

TO: Amendment Section Division of Corporations

Jeff D. Hackmeier & Associates, Inc. SUBJECT: Name of Corporation G65243 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the fo	ollowing:
Mary Castillo	
Name of Contact Person	_
Registered Agent Solutions, Inc.	
Firm/Company	-
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	_
Austin, Texas 78735	
City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, please call:	
Mary Castillo	705-7274
Name of Contact Person Ar	ea Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

statement of cha	provisions of sections 607.056 inge is submitted for a corpore or to change its registered offic	ition organize	d under the la	ws of the State of	Florida	
1. The name of	the corporation: Jeff D. Ha	ckmeier &	Associate	s, Inc.		
2. The principal	office address: 1111 KAN	E CONCO				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 10/5/	1983	Document	number: G6524	3	
	d street address of the current returnent of State: (If resigned, cr	egistered ager				
	Hackmeier, Jeff D)				
	1111 Kane Concourse	,, ·	Suite	502	26	
	BAY HARBOR ISLAND	S	FL	33154	2024 HAY 30 SECRETAIN	
6. The name and street address of the new registered agent (if c) (if changed): Registered Agent Solutions, Ir				d /or registered off	7.30 AM 8: 41	
	2894 Remington G	Remington Green Ln. Ste. A				
	Tallahassee	P.O. Box NO FL	T acceptable 32308	n	-	
_	ess of its registered office and be identical. as authorized by resolution du the board, or the corporation h	the street add	lress of the bu	siness office of its		ent,
si lan Jack			lan Jackso		SVP	
hereby accept further agree to f my duties, an locument is beil corporation has	the appointment as registered the appointment as registered to comply with the provisions of I and accept the field merely to reflect a children notified in writing of the children with a ch	of all statutes pt the obligat ange in the re is change.	Print wree to act in	ed or typed name and tit this capacity, e proper and com ition as registered e address, I hereb		ance this the
Sign	nature of Registered Agent			Date		_
f signing on be	half of an entity:					
Mackenzie Hible	r, Assistant Secretary					
Ty	ped or Printed Name	-	A4 * CA A = 1			
	***	LING FEE:	\$ 35.00 * * * -			