M0000000190

(Req	uestor's Name)					
(Add	ress)					
(Add	lress)					
(City	/State/Zip/Phone) #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
		ĺ				

Office Use Only



400106133924

2001 SEP - 4 P 12: 40
SECRETARY OF STATE

AL

TO ACKNOWLEDGE

RECEIVED
DEFARTHENT OF STATE
DIVISION OF CORPORATION



ON SERVICE COMPANY					
ACCOUNT NO.	. :	07210000	0032		
REFERENCE	Ξ :	039197	435582	9	
, AUTHORIZATION		M .			
COST LIMIT		us es en	an		
ORDER DATE : August 2, 2007			•		
ORDER TIME : 10:09 AM					
ORDER NO. : 039197-020					
CUSTOMER NO: 4355829				<u></u>	
CHANGE OF NAME: HSA-DOA, LLC		<u>r</u>		DON SEP -4 P 12: 40 SECRETARY OF STATE LLAHASSEE. FLORIDA	
PLEASE RETURN THE FOLLOWING A CERTIFIED COPY XX PLAIN STAMPED COPY	AS PR	COOF OF FI	LING:		
CONTACT PERSON: Doreen Walla		NER'S INI	TIALS:		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company i	s: HSA-DOA,	LLC	
2. The mailing address of	the limited liability	company is: _		
10 Woodbridege Center Drive	Suite 420, Woodbridge	, NJ 07095		
01/31/2000		Ō	M0000000190	
3. Date of filing/registrati	on in Florida		4. Document	number
5. The name of the registe Florida Department of S	red agent and the reg	gistered office	address as shov	
-	N	RAI Services, Inc.		AFT SEP
		Name		- LI SS
	2731 Exec	cutive Park Drive,	Suite 4	- MO TI
		Address		TO
Weston, FL 33331 City, State and Zip				P 12: 40 EE, FLORID
	Cn	y, State and Zi	Р	5m 5
6. The name and address of	of the new registered	agent and/or o	office:	y C. F
	Corpora	tion Service Com	pany	
		Name		
-		01 Hays Street		-
	Florida street addre	ess (P.O. Box I	NOT acceptable	e)
	Tallahassee	FL	32301	
	City,	State and Zip		
of the members of the lim or the operating agreemen	ange or changes are the registered agent eby confirmed that titled liability compart of the limited liabil	made, the Flor will be identica he change(s) w ny or as otherw ity company.	rida street addre al. Or, in the ca as/were author	ss of the registered office
(Signature of a member or authorized Steven Rother, Authorized)	zed representative of a men orized Represent	nber) tative		,
On Behalf of it's Man			lty, LLC	
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	$D \cap D \cap A$	μ / M	ee to act in this er and complete ion as registere y reflect a char as been notified	capacity. I further agree to e performance of my duties, d agent as provided for in uge in the registered office I in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00