M12000003547

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SECRETARY OF STATE AND AHASSEE, FLORIDA

DEPARTMENT OF STATE

J. SAULSBERRY EXAMINER

DCT 17 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE :

COST LIMIT : \$ 25.00

ORDER DATE: October 15, 2012

ORDER TIME : 12:04 PM

ORDER NO. : 381491-013

CUSTOMER NO: 7903718

CHANGE OF AGENT

NAME: HULFISH OPERATIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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. Na	ame of the limited liability company: HULFISH OPE	ERATIONS, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	47 Hulfish Street, Suite 210 Princeton NJ 08542		_
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	47 Hulfish Street, Suite 210 Princeton NJ 08542		
06/22/2012		M12000003547		
3. Date of filing/registration in Florida 4		4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of	State:	
	Registered Agent:	C T Corporation System		
	Registered Office Address:	1200 South Pine Island Road Plantation FL 33324		7150 GEL
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	NAY (-
	NEW Registered Agent:	Corporation Service Company		₹ <u>.</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassec FI	- 	₩ ₩ #
that a office hereb liabil	limited liability company is not organized under the lafter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the capy confirmed that the change(s) was/were authorized bity company or as otherwise provided in the articles of the liability company. Maure Cather	aws of the State of Florida, it is he address of the registered office a use of a Florida limited liability of y an affirmative vote of the memb	ereby conf and the bus ompany, it pers of the	siness is limited
(Signat	ture of a member or authorized representative of a member)	-		
	reen Cathell, Authorized Person	-		
I her comp am fa F.S. confi	reby accept the appointment as registered agent and a oly with the provisions of all statutes relative to the pro similiar with and accept the obligations of my position Or, if this document is being filed to merely reflect a c rm that the limited liability company has been notified	gree to act in this capacity. I furt oper and complete performance of as registered agent as provided for hange in the registered office add in writing of this change.	her agree f my duties or in Chap dress, I hei	to s, and I ster 608, reby
	Sarah Wight	Sarah Wright, Asst. Vice Presider		

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