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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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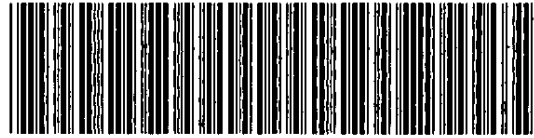
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

June 23, 2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: HBCU/MI Project Office, Inc.
Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned HBCU/MI Project Office, Inc., please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Xonda Diven
National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HBCU/MI PROJECT OFFICE, INC.
(Name of Corporation)

DOCUMENT NUMBER: N04000009180

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

Please return all correspondence concerning this matter to the following:

Rachael Martin

(Name of Contact Person)

National Registered Agents, Inc.

(Firm/Company)

11600 College Blvd., Ste 210

(Address)

Overland Park, KS 66210

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachael Martin

(Name of Contact Person)

at

800

520-6724 x503

(Area 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HBCU/MI PROJECT OFFICE, INC.
2. The principal office address: 2000 North Alafaya Trail, Ste 150
Orlando, FL 32826
3. The mailing address (if different): 408 Brant Street, Ste 103
Durham, NC 27707
4. Date of incorporation/qualification: 09/24/2004 Document number: N04000009180
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

H.(Hank) Harrison Valentine

2000 North Alafaya Trail, Suite 150

Orlando, FL 32826

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

H. Harrison Valentine
(Signature of an officer or director)

H. Harrison Valentine

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Xonda Diven, Assistant Secretary
(Signature of Registered Agent)

6-24-08
(Date)

If signing on behalf of an entity:

Xonda Diven/Assistant Secretary

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA