Requester's Name -04/20/00---01092---017 *****35.00 *****35.00 3785 Kings Way Boca Raton, FL 33434 U.S.A. Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in ☐ Pick up time Certified Copy ☐ Mail out Will wait Photocopy ☐ Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment ☐ Not for Profit Resignation of R.A., Officer/Director ☐ Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other ☐ Merger OTHER FILINGS REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

Annual Report

☐ Fictitious Name



FLORIDA DEPARTMENT OF STATE Katherine: Harris Secretary of State

May 2, 2000

HANS-CURT OLIVER 3785 KINGS WAY BOCA RATON, FL 33434

SUBJECT: HCO, INC.

Ref. Number: P00000034406

We have received your document for HCO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Letter Number: 200A00024222

Doug Spitler Document Specialist



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 15, 2000

HCO, INC. 2ND MAILING 6028 LE LAC ROAD BOCA RATON, FL 33496

SUBJECT: HCO, INC.

Ref. Number: P00000034406

We have received your document for HCO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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Letter Number: 200A00024222

Doug Spitler Document Specialist

AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, in | ie |
|--|------------|
| undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in th | ne |
| | |
| State of Florida. | |
| 1. The name of the corporation is: HCO INC. | |
| 6028 Le Lac Road, Boca Raton, FL | 3349 |
| 2. The mailing address of the corporation is: 6028 He Hac Road, Boca Raton, III | |
| | |
| 3. Date of incorporation/qualification: 4/4/2000 Document number: P0000003440 | 6 |
| 4. The name and address of the current registered agent and office: | |
| UCC Filing & Search Services, Inc. | |
| 526 E. Park Avenue | |
| Tallahassee, FL 32301 | |
| 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) | |
| HXXXXXXX Patrick M. Gordon | |
| MXXX XXX XXXX XXXX XXXX XXXX XXX XXX XX | 1 5 |
| BOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| The street address of its registered office and the street address of the business office of its registere agent, as changed, will be identical. | đ |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. | |
| 04/12/2000 | |
| (Signature of an officer, chairman or vice chairman of the board) (Date) | |
| Hans-Curt Over, President (Printed or typed name and title) | |
| Having been named as registered agent and to accept service of process for the above stated corporation, 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. | |
| (Signature of Registered Agent) (Date) | |
| (Signature of Registered Agent) (Date) | |
| If signing on behalf of an entity: | |
| Hans-Curt Over, President | |
| (Typed or Printed Name) (Capacity) | |

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