P04000128927

<u></u>				
(1	Requestor's Name)			
(,	Address)			
(,	Address)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
•				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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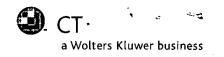
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MAY -2 PHI2: 38

FILED 2001 MAY -2 PH.J: 17 SECRETARY OF STATE

TARY OF STATE ASSEE, FLORIDA

5/2/07



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

May 2, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 6916906 SO

Customer Reference 1: None

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Will Hance Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
jennifer.murphy@wolterskluwer.com

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

		102, 607.1508, or 617.1508, Florida Stat mized under the laws of the State of <u>Flo</u>	
		stered agent, or both, in the State of Flor	
1. The name of (he corporation: Will Hance Inc.		
2. The principal	office address: 16728 16th Street, Live C	Dak, FL 32060	·
3. The mailing a	ddress (if different):		2007 H
4. Date of incorp	poration/qualification: 9-13-2004	Document number: P040001289	25点
	street address of the current registered tment of State:	agent and registered office on file with	2 PH RY OF SSEE, F
	Will Hance		STATE OF THE
	16728 16th Street		
	Live Oak, FL 32060		
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office	•
·	C T Corpora	tion System	
	c/o C T Corporation System,	1200 South Pine Island Road	
	(P.O. Box NOT acceptab		
	Plantation, Fl	orida 33324	
The street addre as changed will	ss of its registered office and the stree be identical.	et address of the business office of its r	registered agent,
Such change wa authorized by th	s authorized by resolution duly adopt to board, or the corporation has been r	ed by its board of directors or by an of notified in writing of the change.	ficer so
Tilil	22	Will Han	C.G
(Signatu	ue of an othicer or director)	(Printed or typed name and title)
oj my auties, an document is bei corporation has	a i am familiar with and accept the ol ng filed merely to reflect a change in i been notified in writing of this chang	ind agree to act in this capacity. atutes relative to the proper and compl pligation of my position as registered a the registered office address, I hereby e.	lete performance igent. Or, if this confirm that the
By: St	C T Corporation System Out LO	4/20/07	
If signing on be	half of an entity:		
Stephanie .	Allison, Assistant Stontan yped or Printed Name)	(
* * * FILING FEE: \$35.00 * * *			
	1/		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FI,806 - 09/14/2005 C T System Online