## 17831

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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R.A. Clg. C.COULLIETTE

AUG 18 2011 **EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: MCKINLEY INC  Name of Corporat	D.			
Name of Corporat	,ion			
DOCUMENT NUMBER: P1783	31			
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:				
·				
ELISABETH ALONSO				
Name of Contact Person				
,				
MCKINLEY IN				
Firm/Company	,			
320 N MAIN STREET SUITE 200				
Address				
ANN ARBOR, MI 48104				
City/State and Zip Code				
ealonso@mckinley.com				
E-mail address: (to be used for future annual report notification)				
	•			
For further information concerning this matter, please call:				
ELISABETH ALONSO at ( 734 ) 769-8520, X194  Name of Contact Person Area Code & Daytime Telephone Number				
ivanic of Contact Letson 7	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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $M$ represents to change its registered office or registered agent, or both, in the State of Fla	IICHIGAN
	office address: 320 N MAIN STREET SUITE 200	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 1/29/1988 Document number:	P17831
	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the
	KATHY HENSLEY	
	4401 S KIRKMAN ROAD	
	ORLANDO, FL 32811	'.a.
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	WISHON OF C
	HARRY COLLISON	<b>6</b> 98.
	180 S KNOWLES AVENUE SUITE 3	3 200
	P.O. Box NOT acceptable	0.8TA
	WINTER PARK, FL 32789	5
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so
	CHERYL RABBI  CHERYL RABBI  Printed or typed name and title	ŢŢ
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performance agent. Or, if this confirm that the
	nature of Registered Agent Date	
•		
//	half of an ontity.	
HACLY	yped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	