

P18494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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R.A. Chg.
C.COULLIETTE

AUG 18 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCKINLEY ASSOCIATES INC.
Name of Corporation

DOCUMENT NUMBER: P18494

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 INC
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

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 MICHIGAN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MCKINLEY ASSOCIATES INC.
2. The principal office address: 320 N MAIN STREET SUITE 200
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/21/1988 Document number: P18494
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KATHY HENSLEY

4401 S KIRKMAN ROAD

ORLANDO, FL 32811

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

HARRY COLLISON

180 S KNOWLES AVENUE SUITE 3

P.O. Box NOT acceptable

WINTER PARK, FL 32789

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.

Cheryl Rabbitt

Signature of an officer or director

CHERYL RABBITT

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.

[Signature]

Signature of Registered Agent

8/1/2011

Date

If signing on behalf of an entity:

Harry Collison

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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