## P36931

(Re	questor's Name)					
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(Cit	ty/State/Zip/Phone	e #)				
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PICK-UP	WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
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Special Instructions to	Filing Officer:					
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SECRETARY OF STATE
SECRETARY OF STATE

RA-Change

**C.COULLIETTE** 

MAY 2 5 2010

**EXAMINER** 

## **VIA US REGULAR MAIL**

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Hufcor Orlando, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- <sup>1</sup>2. \$35.00 to cover the required filing fee.

<sup>1</sup> Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

REGISTERED AGENT SOLUTIONS, INC.

Ileana Guzman

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

statement of cha	ange is submitted for a co	orporation organized	507.1508, or 617.1508, Flood I under the laws of the State I agent, or both, in the State	e of Wisc	consin	<del></del>	
1. The name of	the corporation: HUFO	COR/ORLAND	O, INC.				
2. The principal office address: 1301 CENTRAL PARK DR							
		ORD FL 32771-6					
3. The mailing a	address (if different): PC	D BOX 591					
• • • • • • • • • • • • • • • • • • • •	JA	NESVILLE WI 5	3547-0591				
4. Date of incor	poration/qualification: _	01/03/1992	Document number:	P	36931		
	d street address of the curtment of State: (If resign		t and registered office on fi	le with the	:		
	CT CORPORATION	ON SYSTEM	.,,	<del></del>			
	1200 SOUTH PIN	E ISLAND ROAL	0				
	PLANTATION FL	33324					
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):  Registered Agent Solutions, Inc.  155 Office Plaza Dr. Suite A  P.O. Box NOT acceptable					E NA 12 AVA OL		
	Tallahassee, FL 3				TATE OF		
The street address changed will	ess of its registered offi l be identical.	ce and the street add	dress of the business office	of its reg	istered a	agent,	
	as authorized by resolute board, or the corpora		y its board of directors or the din writing of the change T.Michael Box	_		dent	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as reg to comply with the prov and I am familiar with an ing filed merely to refle s been notified in writin	ristered agent and a visions of all statute, of accept the obliga ot a change in the r og of this change.	gree to act in this capacity s relative to the proper an tion of my position as regi egistered office address, I	v. d complete stered age hereby co	e perfor ent. Or, nfirm th	mance if this at the	
Sig	+ Escobed	ls	5/17/ Date	10		<del></del>	
If signing on be	ehalf of an entity:						
Tank Car FS	i Cabedo Asst Secri	etarv					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name

## STA1 EMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 inge is submitted for a co ir to change its registered	rporation organize	d under the laws of the S	tate of Wisconsin
•	the corporation: HUFC			uno of Prortum.
	office address: 1301 C			
2. The principal		ORD FL 32771-		
3. The mailing a	ddress (if different):_PO			
	, , , , , , , , , , , , , , , , , , , ,	NESVILLE WI 5	33547-0591	
4. Date of incorp	ooration/qualification:	01/03/1992	Document number:	P36931
	d street address of the current of State: (If resigned		nt and registered office of	n file with the
	C T CORPORATIO	N SYSTEM		<u></u>
	1200 SOUTH PINE	ISLAND ROA	D	SEE SEE
	PLANTATION FL 3	3324		BAY 2
6. The name and (if changed):	d street address of the new		if changed) and /or regis	tered office. FLUM
	155 Office Plaza D	P.O. Box NOT ac	cceptable	· · · · · · · · · · · · · · · · · · ·
	Tallahassee, FL 32	301		
The street address changed will	ess of its registered offic be identical.	e and the street ad	dress of the business of	fice of its registered agent,
Such change was authorized by t	as authorized by resoluti to board, or the corporat	on duly adopted b ion has been notif	y its board of directors of the characters of the characters.	or by an officer so nge.
_	re of an officer or director			rden President
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec s been notified in writing	stered agent and a sions of all statute l accept the obliga t a change in the r t of this change.	ngree to act in this capa is relative to the proper ition of my position as r egistered office address	city. and complete performance egistered agent. Or, if this , I hereby confirm that the
Sig	Escaled naturajof Registered Agent	<u>ට</u> .	5/17 Date	110
If signing on be	half of an entity:			
Tom G. Fee	sheds lesst Socra	tory		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name