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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H120001194493)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: TRIAD PROFESSIONAL SERVICES

Account Number: I20080000085

Phone Fax Number : (770)777-2091 ; (770)220-1943

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please A*

REGISTERED AGENT CHANGE HILLER SERVICES, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

(((H120001194493))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida St ange is submitted for a corporation organized under the laws of the State of <u>A</u> ler to change its registered office or registered agent, or both, in the State of Flo	<u></u>
I. The name of	the corporation: Hiller Services, Inc.	
2. The principa	I office address: 3245 WEST FAIRFIELD DRIVE	
	OLA FL 32505	
	address (if different): P.O. BOX 91508 E AL 36691-1508	
4. Date of incom	rporation/qualification: 04/02/1992 Document number:	P38153
5. The name an	d street address of the current registered agent and registered office on file with atment of State: (If resigned, enter resigned)	the we have
•	ROBINSON, C. FREDERICK	() = () = ()
	3245 WEST FAIRFIELD DR.	
	PENSACOLA FL 32505 US	TILL SECRETS
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered offic	9 4 - ·
	NRAI Services, Inc.	92 5
	2731 Executive Park Drive, Suite 4	<u> </u>
	P.O. Box NOT acceptable	
	Weston, FL 33331	
The street addr as changed wil	ess of its registered office and the street address of the business office of its lbe identical.	registered agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an of the corporation has been notified in writing of the change.	fficer so
De	David Watklns,	Seor. 4 Trenz
	Printed of typed liains and like I 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 come ad I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	
Stra	Es Jan. 4/25/6	2012
\$11	pature of Regulored Agent Date	
lf signing on bo	chalf of an entity:	
	nm, Asst Secretary to NRAI 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) $\left(\left(\begin{array}{c} + & 2000 & (194493) \end{array} \right) \right)$