

**P38153**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000230810 3)))



H120002308103ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : TRIAD PROFESSIONAL SERVICES LLC COA  
Account Number : I20080000085  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
HILLER SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED  
12 SEP 20 AM 8:09  
DIVISION OF CORPORATIONS  
FLORIDA

FILED  
12 SEP 20 PM 2:41  
SECRETARY OF STATE  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Registered agent address update (name to remain as is)  
Name of Corporation

DOCUMENT NUMBER: **HILLER SERVICES, INC.**

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:

**KRahm**

Name of Contact Person

**Triad Professional Services**

Firm/Company

**1720 Windward Concourse, Ste 390**

Address

**Alpharetta, GA 30005**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kristen Rahm**

Name of Contact Person

at **770 777-2091**

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

2012-09-19 16:39 TRIAD

7702201943 >> 850-617-6381

P 3/3

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

((H12000230810 3)))

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

1. The name of the corporation: HILLER SERVICES, INC.
2. The principal office address: 3245 WEST FAIRFIELD DRIVE PENSACOLA FL 32505
3. The mailing address (if different): P.O. BOX 91508 MOBILE AL 36691-1508
4. Date of incorporation/qualification: 04/02/1992 Document number: P38153
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)

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DRIVE SUITE 4

WESTON FL 33331 US

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

NRAI SERVICES, INC.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
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.*

Kristen Rahm  
Signature of Registered Agent

9/17/2012  
Date

If signing on behalf of an entity:

Kristen Rahm, 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 (03/12)

((H12000230810 3)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 20 PM 2:41