LOOD Pagestor's Name	51665
SERVICES, INC. 78TH AVENUE ILON, FL 33324 Zip Phone #	9000029002497 -09/22/9701172008 *****35.00 *****35.00 Office Use Only
NAME(S) & DOCUMENT NUMB	ER(S), (if known):
	ument #)
Pick up time Will wait Photocopy	Certified Copy
AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	<u>r</u>
Change of Registered Agent	TAL
Dissolution/Withdrawal	
Merger	AHASSEP 2
	1 7
Reinstatement	
Reinstatement Trademark	۸ <i>(</i>
Reinstatement	Mod
	A CONSTRUCTION Name poration Name) (Document Number of Registered Agent Pick up time (Document Name)

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of $\frac{F/ON}{A}$ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: HCCPSS SerVICPS

2. The mailing address of the corporation is : 855 Stpnue NNN51665 3. Date of incorporation/qualification: Document number: 4. The name and address of the current registered agent and office: 5. The name and address of the new registered agent and office: (P.O. Box Not Accepta Indis Jenie,

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.

Signature chairman or vice chairman of the board)

aes (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEE: \$35.00