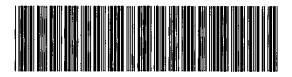
P95000063493

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
(,	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	—
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	-
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FILED 107 AUG 27 PH 3: 13 SECRETARY OF STATE

Service of the servic

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: HURRICANE CONSULTING	G, INC.						
•	polation						
DOCUMENT NUMBER: 650601088							
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:						
Amy Purdy							
(Name of Contact Person)							
National Registered Agents, Inc.							
(Firm/Con	mpany)						
11600 College Blvd, Ste 210 (Address)							
nbbA)	ess)						
Overland Park, KS 66210 (City/State and Zip Code)							
•	•						
For further information concerning this matter, please co	aii:						
Amy Purdy	at (913) 754-0637 (Area Code & Daytime Telephone Number)						
(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	Street Address: Amendment Section Division of Corporations Clifton Building						
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301						



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2007

AMY PURDY 11600 COLLEGE BLVD. SUITE 210 OVERLAND PARK, FL 33210

SUBJECT: HURRICANE CONSULTING, INC.

Ref. Number: P95000063493

We have received your document for HURRICANE CONSULTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Corporation adress can not be a P.O. Box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Document Specialist

Letter Number: 007A00049252

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

PRIDRITY 7-26-07

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

statement of ch	e provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized fer to change its registered office or registered	l under the laws of the	State of	FL		
1. The name of	the corporation: HURF	RICANE CONSUL	TING, I	NC.		-
	l office address: P. O. BOX 553	2133 Village			outh	<u> </u>
	LAPEER MI 48446 US	Lapeer.	mı	4844U		
3. The mailing	address (if different):					
4. Date of inco	rporation/qualification: 08/16/1995	_ Document number:	P950	0006349	3	
	nd street address of the current registered agent artment of State:	and registered office	on file wi	ith the	•	
	STRICKLAND, JOHN			_ <u>></u>	707	
	324 DATURA STREET SUIT	E 115		CRET	AUG 27	Π
	WEST PALM BEACH FL 3340	01 US	·	ARY ASSE	27	
6. The name an (if changed):	nd street address of the new registered agent (if	f changed) and /or reg	istered of	OF STATE	PM 3: 1	Ö
	NRAI Services, Inc.			- ²⁰	ယ	
	2731 Executive Park Drive, Su (P.O. Box NOT acceptable)	uite 4		_		
	Weston, FL 33331			_		
The street addr as changed with	ress of its registered office and the street add	iress of the business of	office of i	ts registered	agent,	
(W	vas authorized by resolution duly adopted by the board of the corporation has been notification of the corporation has been notification.	vits board of director ed in writing of the c	s or by ar hange, ed name and	oth.	<u> </u>	-0
I hereby accep I further agree of my duties, a document is be corporation he	of the appointment as registered agent and a to comply with the provisions of all statutes and I am familiar with and accept the obligate eing filed merely to reflect a change in the re as been notified in writing of this change.	gree to act in this cap is relative to the propo tion of my position as egistered office addre	pacity. er and con registere ess, I here	mplete perfoi ed agent. Or by confirm th	mance if this at the	! ;
_ By: A	Signalure of Regislared Agent)	7/30	107	·		
-	pehalf of an entity:	,	,			
NRAI Services	, Inc. Amy Purdy, Assistant Secretary					•
***	(Typed or Printed Name)					
	* * * FIT INC FFF.	# * * AN 259				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314