Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:\_\_\_\_

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## REGISTERED AGENT CHANGE HCM INDUSTRIES, INC.

Certificate of Status	0
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RA ROCHS

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation org	
in order to change its registered office or reg	istered agent, or both, in the State of Florida.
1. The name of the corporation: HCM INDUSTRIES, IN	NC.
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/26/1996	Document number: P96000062653
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resigned)	
CORPORATION SERVICE COMPAN	<u>Y</u>
1201 HAYS STREET TALLAHASSEE	2, FL 32301-2525
6. The name and street address of the new registered a (if changed):	gent (if changed) and /or registered office
NRAI Services, Inc.	
1200 South Pine Island Road	POT
Plantation, Florida 33324	fOT acceptable
The street address of its registered office and the street as changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Signature of a director	John Benigenburg, Secretary Printed or typed name and take
I hereby accept the appointment as registered agent i further agree to comply with the provisions of all st performance of my dulies, and I am familiar with an agent. Or, if this document is being filed merely to rhereby confirm that the corporation has been notified	Littled of Abor panic and two
NRAI Services, Inc.	3/26/2014
Signature of Registered Agent	Date
If signing on behalf of an entity:  Kristin Bolden  Assistant Secretary  Typed or Printed Name	
	FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2EI45 (03/12)

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