

V 44545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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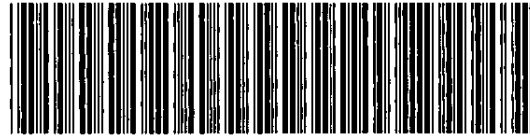
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R A / R O / ch 8
@ 6.27.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HABARI GANI, INC.

Name of Corporation

DOCUMENT NUMBER: V44545

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:

Joelle Churik

Name of Contact Person

NRAI Corporate Services, Inc.

Firm/Company

200 West Adams Street, Suite 2007

Address

Chicago, IL 60606

City/State and Zip Code

SPHALGOO@DNDCPAS.COM

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

For further information concerning this matter, please call:

Joelle Churik

312

346-3606

at ()

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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HABARI GANI, INC.
2. The principal office address: 20600 CHAGRIN BLVD, #701
SHAKER HEIGHTS OH 44122-5398
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/18/1992 Document number: V44545

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)

C T CORPORATION SYSTEM

1200 S PINE ISLAND RD

PLANTATION FL 33324

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, Tallahassee, Florida 32301

P.O. Box NOT acceptable

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.

Hattie Howard
Signature of an officer or director

hattie Howard, treasurer
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.

NRAI Services, Inc.

By:

Joelle Churik
Signature of Registered Agent

6/19/2012
Date

If signing on behalf of an entity:

Joelle Churik, Assitant Secretary

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

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DIVISION OF CORPORATIONS
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