Florida Department of State

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

: (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. **

| maıl | Address: | | | |
|------|----------|---|------|--|
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REGISTERED AGENT CHANGE THE HANA GROUP, INC.

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| 0 |
| 02 |
| \$35.00 |
| |

Electronic Filing Menu

Corporate Filing Menu

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

| statement of cha | inge is submitted for a co | rporation organize | 607.1508, or 617.1508, Flor ed under the laws of the State d agent, or both, in the State | of Hawaii | | | |
|---|---|---|---|---|--|--|--|
| | the corporation: The Huns | | | • | | | |
| | office address: 325 Chest | | 5, Philadelphia PA 19106 | | | | |
| 3. The mailing a | ddress (if different): | | | | | | |
| 4. Date of incorp | poration/qualification; | 03/23/2005 | Document number; | P05000001841 | | | |
| 5. The name and Florida Depar | I street address of the curt tment of State: (If resigne | ent registered age d, enter resigned) | nt and registered office on fil | e with the $\sum_{k=1}^{\infty}$ | | | |
| | Corporation Service Com | pany | | | | | |
| | 1201 Hays Street | | | | | | |
| | Tallahassee FL 32301-252 | 25 | | JUN 22 AM | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | | | |
| | C T Corporation System | | | | | | |
| | e/o CT Corporation Syste | m, 1200 South Pin | e Island Hoad | | | | |
| | | P.O. Box NOT at | | | | | |
| | Plantation, Florida 33324 | | | | | | |
| The street addre | ess of its registered office be identical. | e and the street ad | dress of the business office | of its registered agent, | | | |
| Such change was authorized by the | as authorized by resolutione board, or the corporate | on duly adopted b ion has been notif | y its board of directors or b ied in writing of the change | y an officer so | | | |
| C. A. | | | Gregory Blackburn, A | • | | | |
| _ | e of an officer of director | | Printed or typed name | | | | |
| I hereby accept I further agree t of my duties, an document is bet corporation has | the appointment as regi to comply with the provi: al I am familiar with and ng filed merely to reflect been notified in writing | stered agent and t sions of all statute l accept the obliga l a change in the r of this change. | ngree to act in this capacity is relative to the proper and ition of my position as regis registered office address. I h | complete performance tered agent. Or, if this sereby confirm that the | | | |
| Ву: | Corporation System A SO QUECON nature of Registered Agent | | 6 2 201 | <u></u> | | | |
| If signing on be | half of an entity: ANN J. WILLIAMS sistant Vice President yped or Printed Name | | • - • • | | | | |

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEFARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6:327, TALLAHASSEE, FL 32314
CR2E045 (8/05)