## F03000003911

Office Use Only



300259823463

TO ACKNOWLENGE
SUFFICIENCY OF FILING

TANGE OF SEC

PAChanger FILED

S/7/1/4 # 58

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/6/14

NAME:

NOELKER AND HULL ASSOCIATES, INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

10 m

. The name of the corporation: NOELKER AN	ND HULL ASSOCIATES	INCOR	PORATED
. The principal office address:			47004
30 West King Street	Chambersburg	PA	17201
. The mailing address (if different):  30 West King Street	Chambersburg	PA	17201
Date of incorporation/qualification: August 4,		F03000	
The name and street address of the current registers. Florida Department of State: (If resigned, enter resi	ed agent and registered office on fi	le with the	
Sheerin,	Michael P		
255 SOUTH ORANGE	AVENUE SUITE 1600	~	: 🚤
Orlando,	FL 32801		
(if changed):  National Corporate Real Section 155 Office Plaza Drive P.O. Box Tallahassee, FL 323	P NOT acceptable	<u> </u>	□ □ 4: 5 <b>5</b>
The street address of its registered office and the street schanged will be identical.		of its registe	ered agent,
such change was authorized by resolution duly ador- authorized by the board, or the corporation has been	pted by its board of directors or by a notified in writing of the change.	an officer s	
Signature of an officer or director	Michael Aller	nd inle	1, Sec./T
hereby accept the appointment as registered agent further agree to comply with the provisions of all s verformance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to wereby confirm that the corporation has been notific	t and agree to act in this capacity. statutes relative to the proper and ad accept the obligation of my pos reflect a change in the regisiered ed in writing of this change.	complete ition as regi office addre.	istered ss, I
LOQUE TO THE STATE OF THE STATE	5/5/2014		

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

Typed or Printed Name