(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Sity/State/Zip/Filotte #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
On the land of the			
Special Instructions to Filing Officer:			

Office Use Only



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07/25/11--01011--007 **35.00

VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Berkshire Settlements, Inc

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 489-9181.

Respectfully.

Leana Guzman

REGISTER DO GEN'T SOI) UTIONS, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florid ange is submitted for a corporation organized under the laws of the State o er to change its registered office or registered agent, or both, in the State oj	f GEORGIA
1. The name of	the corporation: BERKSHIRE SETTLEMENTS, INC.	
2. The principal	office address: 409 JOHN WESLEY DOBBS AVENUE, SUITE	C
	ATLANTA GA 30312	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 09/02/2004 Document number:	F04000005090
	d street address of the current registered agent and registered office on file vertinent of State: (If resigned, enter resigned)	with the
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION FL 33324 US	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered, or	THE LAW 25
	REGISTERED AGENT SOLUTIONS, INC.	_ 35 K
	155 OFFICE PLAZA DR., SUITE A	一門里
	P.O Box NOT acceptable TALLAHASSEE, FL 32301	1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
ent		_ 500
as changed will	ess of its registered office and the street address of the business office of be identical.	its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by a ne board, or the corporation has been notified in writing of the change.	ın officer so
Sarch (Signatur	Sarah C. Loy Pres	sident
I hereby accept I further agree t of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cold I am familiar with and accept the obligation of my position as register ng filed merely to reflect a change in the registered office address, I here been potified in writing of this change.	
det	7/18/11 nature of Registered Agent Date	
	half of an entity:	
ART FLO	OKES ASST. SECRETARY yped or Printed Name	

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