

Division of Corporations

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Florida Department of State
Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

TBNC FINANCIAL MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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CT CORPORATION SYSTM

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C T Atlanta team 3

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

Pursuant to the provisions of sections 607.0302, 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 Alabama in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TBNC Financial Management, Inc.
2. The principal office address: 17 North 20th Street, Birmingham, AL 35203
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/31/2005 Document number: F05000006362
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Shannon Maddox

10956 NW State Road 20

Bristol, FL 32321

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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.

By: Rick D. Gardner
(Signature of an officer or director)

CHIEF OPERATING OFFICER
(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.

[Signature]
(Signature of Registered Agent)

12-29-05
(Date)

If signing on behalf of an entity:

Jennifer F. Aulman
Assistant Secretary
(Typed or Printed Name)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E043 (8/05)

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