

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name

: CORPORATION SERVICE COMPANY

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## REGISTERED AGENT CHANGE CROSSVILLE, INC.

Certificate of Status	0
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CR2E045 (8/05)

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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Allinois	
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name o	of the corporation: CROSSVILLE, INC.	_
2. The princip	al office address:	_
346 Swee	eney Dr., Crossville, TN 38555	
_	g address (if different):	_
4. Date of inco	orporation/qualification: 08/23/2007 Document number: F07000004266	
	and street address of the current registered agent and registered office on file with the partment of State:	
	CT Corporation System	
	1200 S. Pine Island Rd.	
	Plantation, FL 33324	<u> </u>
6. The name a (if changed)	and street address of the current registered agent and registered office on file with the cartment of State:  CT Corporation System  1200 S. Pine Island Rd.  Plantation, FL 33324  and street address of the new registered agent (if changed) and /or registered office (if changed).	. 3. F.
•	Corporation Service Company	_
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
	dress of its registered office and the street address of the business office of its registered agent, ill be identical.	
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
121	Blanca Lozada, Attorney in Fact	
I hereby acce I further agre of my duties, document is b corporation h	pt the appointment as registered agent and agree to act in this capacity.  The the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this being filed merely to reflect a change in the registered office address, I hereby confirm that the was been notified in writing of this change.	
Corpora By: S	ation Service Company	
	(Signature of Registrated Agent) (Date)	
If signing on	behalf of an entity:	
Sylviz Quer	ppet, Asst. Vice President	
	(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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