# F94000006541

(Req	uestor's Name)				
•					
(Add	ress)				
(Add	ress)				
(City)	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Nar	ne)			
(Doc	ument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to Fi	ling Officer:				
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ALCARASSEE, FLORID

T. Roberts JAN 19 2007

### PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

## TRANSMITTAL LETTER

January 11, 2007

RE: Andfield Realty Holdings, Inc.

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Maggie Ferdinand – <u>maggie@paranetlegal.com</u> Paranet Job No. 07-01-0224

Please file/submit the following on behalf of the above:

- 1. Change of Agent Application for each of the above
- 2. Check No. 88175 Amount \$35.00

After filing return evidence by:

- 1. Fax (800) 277-9977
- 2. Mail in self address, stamped envelope

If you have any questions, please call me using our toll free number (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

#### **COVER LETTER**

Division of Corporations	·					
SUBJECT: ANDFIELD REALTY HOLDING						
(Name of Corporation)						
DOCUMENT NUMBER: F94000006541						
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
Maggie Ferdinand						
(Name of Contact Person)						
Paranet Corporation Services Inc.						
(Firm/Company)						
3761 Venture Drive, Suite 260	)					
(Address)						
Duluth, GA 30096						
(City/State a	nd Zip Code)					
For further information concerning this matter, please	call:					
Maggle Ferdinand	at ( 800 ) 277-9977					
(Name of Contact Person)	at ( 800 ) 277-9977 (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Depar	tment of State.					
·	•					
Mailing Address:	Street Address: Amendment Section					
Amendment Section Division of Corporations	Ameriament Section  Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	Tallahassee, FL 32301					

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

Pursuant to the	provisions of sections 607.	<i>0502, 617.0502, 607.</i>	1508, or 617.1508, Florid	la Statutes, this	
statement of cha	nge is submitted for a corp	poration organized un	der the laws of the State (	of_Tennessee	
in orde	r to change its registered o	office or registered ag	ent, or both, in the State (	of Florida.	
1. The name of t	<del></del>				
2. The principal	office address: 2002 Richa	ard Jones Rd, Suite 20	00A, Nashville, TN 37215	5	<del></del>
					·
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 12/2	21/1994 E	Document number: F940	000006541	
	street address of the curre iment of State:	int registered agent an	d registered office on file	with the	97 17AL
	CT Corporation Sys	tem			E A A
•	1200 South Pine Island Road				N I I
	Plantation, FL 3332	4			JAN 17 AM 10: EURETARY OF ST LLAHASSEE, FLO
6. The name and (if changed):	street address of the new r	registered agent (if ch	anged) and /or registered	office	ID: 05 STATE
	NRAI Services, Inc.				P
	2731 Executive P		<b>∍</b> 4		
	· ·	ox NOT acceptable)			
	Weston, FL 333	331		<u> </u>	
The street addre	ss of its registered office : be identical.	and the street addres	s of the business office o	of its registered a	gent,
Such change wa authorized by th	is authorized by resolution to board, or the corporation	n duly adopted by its on has been notified l	board of directors or by n writing of the change.	an officer so	•
w. Mia	2 Lique de la company de la co	Mile	s W. Warfield	and title)	
I hereby accept I further agree to of my duties, and document is being corporation has	the appointment as regist o comply with the provist d I am familiar with and a ng filed merely to reflect begynotified in writing a	tered agent and agre ions of all statutes re accept the obligation a change in the regis of this change.	e to act in this capacity, lative to the proper and t of my position as regist tered office address, I he	complete perform ered agent. Or, ereby confirm the	nance if this at the
M.	Design Agent	nd _	/-//- (Date)	97	· ·
If signing on be	half of an entity:		•		
	linand, Asst. Secy.				
(1	yped 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
CRZE045 (8/05)