

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617~6380

From:

Account Name

: PREMIER CORPORATE SERVICES INC

Account Number : 120080000023 -

Phone

: (651)225-9500

Fax Number

: (651)225-9579

REGISTERED AGENT CHANGE

LMHT ASSOCIATES, P.A.

| Certificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

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

| Pursuant to the provisions of sections 607.0502, 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 North Carolina in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: LMHT Associates, P.A. |
| 2. The principal office address: 2805 Meridian Parkway, Durham, NC 27713 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification; 4/22/1996 Document number: F96000001995 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| |
| 1200 South Pine Island Road Plantation FL 33324 |
| Plantation, FL 33324 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| NRAI Services, Inc. |
| 2731 Executive Park Drive, Suite 4 (P.O. Box NOT acceptable) |
| Weston, FL 33331 |
| 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. |
| Lee N. Mehler, President (Pfinited 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 polified in writing of this change. |
| (Signature of Ptigistered Agent) (Date) |
| If signing on behalf of an entity: Chelsea Bialowas, Assistant Secretary (Typed or Printed Name) |
| * * * FILING FEE: \$35.00 * * * |

Make checks payable to Plorida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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