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## Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

TAE, INC.

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\$87.50

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Composale Filing

Rublic Access Help,

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

Pursuant to the	provisions of sections 607.0502, 6	517.0502, 607.1508, or 617.1508,	Florida Statutes,
this statement o	f change is submitted for a corporat	ion organized under the laws of the	State of
North Carolina	in order to change its registe	ered office or registered agent, or	both, in the State
of Florida.			
1. The name of	the corporation: TAE, Inc.		
	office address: 4917 Professional C	". t., Suite 105, Raleigh, NC 27609	구 무
z. mo praxipa	William Goriano		75 8
			D: 1
3. The mailing	address (if different):		<u> </u>
			P P
4 Data officer	noration/gualification: 11/19/97	D	27 0000063
	borners d'adritteanner -	Document number: FC	<u> </u>
	d street address of the current registe	red agent and registered office on f	ile with F
Piorida Depa	rtment of State:	· ,	$\triangleright$
	CT Corporation System	,	
	1200 South Pine Island Road		_
	Plantation, FL 33324		
6 The name of	nd street address of the new registe	ared agent (if changed) and for each	vietored office (if
changed):	nd succe address of the new registe	and agon (it comment) mic for the	hadiod office (n
	Business Filings Incorporated		_
•	660 East Jefferson Street	•	
(P.O. Box or personal mailbox NOT acceptable)			
	Tallahassee, Florida 32301	*	
The street addragent, as chang	ess of its registered office and the st ed will be identical.	reet address of the business office	of its registered
	as authorized by resolution duly ad- he bard for the corporation has bee		
authorized by t	ne opard/opine corporation has bee	en notified it writing of the change	·*
(Signature by an office	, theirman or vice chairman of the board)	John Michael Talley, President (Printed or typed name and title)	
I hereby accept	the appointment as registered age	nt and agree to act in this capacity	; \$ *
I further agree performance of registered ager office address.	the appointment as registered ages to comply with the provisions of all my duties, and I am familiar with a t. Or, if this document is being file I hereby confirm that the corporation	statutes relative to the proper and ind accept the obligation of my po d merely to reflect a change in the on has been notified in writing of t	t complete sition as registered his change,
(1) VVI	.4\	October 25, 2004	-
	ignature of Registered Agent)	(Date)	<u></u>
If signing on beha	If of an entity:		
		Susiness Filings Incorporated, Mar	k Schiff, AVP
	Typed or Printed Name)	(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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