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80R 3/12/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: March 9, 2012

ORDER TIME: 12:35 PM

ORDER NO. : 124886-004

CUSTOMER NO: 7858374

CHANGE OF AGENT

NAME: LBYD, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of chang	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Alabama to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: LBYD, INC.
2. The principal of	ffice address: 716 South 30th Street, Birmingham, AL 35233
3. The mailing add	dress (if different):
4. Date of incorpor	pration/qualification: 08/31/1988 Document number: P20727
5. The name and st Florida Departm	street address of the current registered agent and registered office on file with the ment of State:
	NRAI Services, Inc.
_	515 E. Park Avenue
_	Tallahassee, FL 32301 Street address of the new registered agent (if changed) and /or registered office.
6. The name and st (if changed):	sincer address of the new registered agent (it changes) and /or registered of the
<u>C</u>	Corporation Service Company
1	1201 Hays Street
	(P.O. Box NOT acceptable)
<u>T</u>	Tallahassee, FL 32301
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent, be identical.
Such change was a authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Marie	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept the I further agree to of my duties, and i document is being corporation has be	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By: DO	March 8, 2012 Auture of Registered Agent) (Date)
If signing on beha	
Grace E. Kirby,	, Assistant VP ped or Printed Name)

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