

P25884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

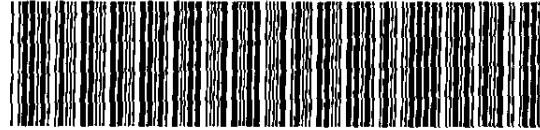
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800053639008

RA

Change

05/05/05--01045--014 **35.00

FILED
05 MAY -5 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 MAY -5 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AJR
5/5/05

CT Corporation System

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

APAC-Southeast, Inc.

P25884

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/5/2005

AAM

Order#: Ashley

Ref#: _____

Amount: \$ _____

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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: APAC - SOUTHEAST, INC.
- 2. The principal office address: 3111 Port Cobb Drive, Smyrna, GA 30080
- 3. The mailing address (if different): Attn: State Income Tax, P. O. Box 14000, Lexington, KY 40512
- 4. Date of incorporation/qualification: 09/01/1989 Document number: P25884

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System
660 East Jefferson Street
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

The Corporation Company
Suite 101
(P.O. Box or personal mailbox NOT acceptable)
1203 Governors Square Blvd., Tallahassee, FL 32301- 2960

FILED
 MAY -5 PM 3:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

Admin. Vice Pres.-Law/Asst. Secretary
(Printed 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 notified in writing of this change.

By: Connie Ryan, Secy. Dist. Secy 4/27/05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

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