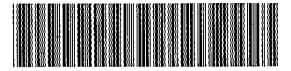
P25884

(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



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SECRETARY OF STATE
TALLANASSEE, FLORIDA

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White The Property of the Property

MR 1305



	ACCOUNT NO.	=	0/210000	7032	
	REFERENCE	:		7505911	
	AUTHORIZATION	· :	D.Was	لمعو	
	COST LIMIT	: 	\$ 35.00		
ORDER DATE :	November 22, 20	05			
ORDER TIME :	1:59 PM				
ORDER NO. :	719720-485				
CUSTOMER NO:	7505911		-		
	<u>CHANGE OF</u>	agen	T		
NAME:	APAC-SOUTHEA	ST,	INC.		
PLEASE RETURN	THE FOLLOWING A	S PR	OOF OF FII	LING:	
XX CERTI:	FIED COPY STAMPED COPY				
CONTACT PERSO	N: Doreen Walla E		NER'S INIT	FIALS:	

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

statement of cha	nge is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Georgia stered agent, or both, in the State of Florida.			
	he corporation: APAC-SOUTHEAST, I	•			
2. The principal office address: 3111 Port Cobb Drive, Smyrna, GA 30080					
3. The mailing ad	ddress (if different): Attn: State Income	Tax, P. O. Box 14000, Lexington, KY 40512			
4. Date of incorp	poration/qualification: 09/01/1989	Document number: P25884			
	street address of the current registered tment of State:	agent and registered office on file with the			
	The Corporation Company	TO THE T			
	1203 Governors Square Blvd., Suite 101				
	Tallahassee, FL 32301-2960	TALED SEE FILED			
6. The name and (if changed):	name and street address of the new registered agent (if changed) and /or registered office				
	Corporation Service Company				
	1201 Hays Street				
	(P.O. Box NOT acceptable)				
_		et address of the business office of its registered agent,			
authorized by th	he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.			
VKAU	re of an officer of director)	Maureen Cullen, Attorney in Fact			
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent of comply with the provisions of all stand accept the of a fill and accept the of a filed merely to reflect a change in been notified in writing of this change	(Printed or typed name and title) and agree to act in this capacity, attutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the sec.			
By: 11/16/2005					
	nature of Registered Agent)	(Date)			
	half of an entity:				
	yson, Asst. Vice President yped or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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