## 725874

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REPARTMENT OF STATE

3 FEB -1 AM II: 2

FEB 4 2013 T. ROBERTS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 516924 7918422

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 31, 2013

ORDER TIME : 3:48 PM

ORDER NO. : 516924-038

CUSTOMER NO: 7918422

## CHANGE OF AGENT

NAME: OLDCASTLE SOUTHERN GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

statement of cha	nnge is submitted for a corporal	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of tor registered agent, or both, in the State of I	Georgia
1. The name of t	the corporation: OLDCASTLI	E SOUTHERN GROUP, INC.	
2. The principal	office address: 13101 Telec	om Drive, Suite 101 Tampa FL 3363	7
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 09/01/	1989 Document number: P2588	4
	d street address of the current re rtment of State: (If resigned, ent	egistered agent and registered office on file water resigned)	rith the
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation FL 33324		3 7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			MASSEE F
	Corporation Service Con	npany	FLORE III
	1201 Hays Street		27
	ր. Tallahassee, FL 32301	O. Box NOT acceptable	
The street addre		the street address of the business office of it	ts registered agent
=		the street address of the business office of it	
Such change wa authorized by the	4	y adopted by its board of directors or by an s been notified in writing of the change.	officer so
Deb Reeves, Vice President			
Signatu	ire of an officer or director	Printed or typed name and tit	ile
I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	agent and agree to act in this capacity. of all statutes relative to the proper and con vith and accept the obligation of my position ely to reflect a change in the registered offic notified in writing of this change.	n as registered
By:	iah Willema	January 24, 2013	
If signing on be	chalf of an entity:	Date	
	t, Asst. Vice President		
	yped or Printed Name	<del></del>	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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