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ACCOUNT NO. : 12000000195

REFERENCE : 707216

7822365

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 14, 2011

ORDER TIME : 2:21 PM

ORDER NO. : 707216-002

CUSTOMER NO: 7822365

CHANGE OF AGENT

NAME: PELLICANO CO., INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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

1. The name o	f the corporation: PELLICANO CO., IN all office address: 415 Pine Ave., Suite 2	NC. 00, Albany, GA 31701	
2. The principa	al office address		
3. The mailing	address (if different): P.O. Box 4009, A	lbany, GA 31706	
4. Date of inco	orporation/qualification: 04/02/1991	Document number: P33399	
	nd street address of the current registered agartment of State:	gent and registered office on file with the	
	CT Corporation System		
1200 S. Pine Island Road			
	Plantation, FL 33324	=	291
6. The name ar (if changed)	nd street address of the new registered agen	it (if changed) and /or registered office	FILE
	Corporation Service Company		
	1201 Hays Street		PH F: 30
	(P.O. Box NOT acceptable)	, and the second se	ET 8
	Tallahassee, FL 32301		
The street add as changed wi	ress of its registered office and the street ll be identical.	address of the business office of its registered	d agent,
Such change vauthorized by	was authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Mac	eren Cathell	Maureen Cathell, Attorney in Fact	
I hereby accept further agree of my duties, a document is be corporation he	ind I am familiar with and accept the oblicing filed merely to reflect a change in the as been notified in writing of this change.	(Printed or typed name and title) d agree to act in this capacity. utes relative to the proper and complete perfi igation of my position as registered agent. C e registered office address, I hereby confirm	ormance or, if this that the
Corporat By:	tion Service Company	03/14/2011	
	Signature of Registered Agent)	(Date)	
If signing on t	pehalf of an entity:		
Sylvia Quep	pet, Asst. Vice President (Typed or Printed Name)		