

Division of Corporations
P95000019170

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6180

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
LOGAN CAROLINA PLACE REALTY CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RAE
8/15/11

STATEMENT OF CHANGE OF REGISTERED OFFICE (OR REGISTERED AGENT OR BOTH FOR CORPORATION)

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1501 or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LOGAN CAROLINA PLACE REALTY CORP.
2. The principal office address: 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/9/1995 Document number: P95000019170
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kettle, Michael
C/O ROOMS TO GO 11540 US HIGHWAY 92 EAST
SEFFNER FL 33584 US

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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 president or director

J. Michael Kettle v.P
Print (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: Marie Edwards
Signature of Registered Agent

[Signature]
Date

If signing on behalf of an entity:
Marie Edwards Asst. Secretary
Typed or Printed Name

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

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