TAMPA FL 33610 US									
The above nar	med entity submits this statement for the purpose of c	hanging its registered office or re	gistered agent, or both, in the						
SIGNATURE: JEFF HITE									
	Electronic Signature of Registered Agent	t							
Officer/Director Detail :									
Title	CD	Title	VP						
Name	GALLAGHER, TOM	Name	WELCH, JR, PHILLIP						
Address	2999 CIRCLE 75 PKWY.	Address	6300 HIGHLANDS P						

## **Current Principal Place of Business:**

6525 HARNEY ROAD TAMPA, FL 33610

DOCUMENT# 834872

## **Current Mailing Address:**

6300 HIGHLANDS PARKWAY SMYRNA, GA 30081

## FEI Number: 58-1237213

## Name and Address of Current Registered Agent:

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

HITE, JEFF 6525 HARNEY ROAD TAMPA

The above he State of Florida.

		Electronic Signature of Registered Agent			Date	
Officer/Director Detail :						
	Title	CD	Title	VP		
	Name	GALLAGHER, TOM	Name	WELCH, JR, PHILLIP		
	Address	2999 CIRCLE 75 PKWY.	Address	6300 HIGHLANDS PARKWAY		
	City-State-Zip:	ATLANTA, GA 00000	City-State-Zip:	SMYRNA GA 30082		
	Title	CEOD	Title	CONTROLLER		
	Name	BEACHAM, WAYNE	Name	SAWYER, DOUG		
	Address	6300 HIGHLANDS PARKWAY	Address	6300 HIGHLANDS PARKWAY		
	City-State-Zip:	SMYRNA GA 30082	City-State-Zip:	SMYRNA GA 30081		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUG SAWYER

CONTROLLER

02/12/2016

Electronic Signature of Signing Officer/Director Detail

FILED Feb 12, 2016 Secretary of State CC5522400680

02/12/2016

Certificate of Status Desired: No