

373171

Document Number Only

CT Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

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-03/11/99--01063--020  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION(S) NAME

SRV-Highland, Inc

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: SRV-HIGHLAND, INC.

2. The mailing address of the corporation is: 401 N. Tryon Street  
Charlotte, NC 28255

3. Date of incorporation/qualification: 11/24/1970 Document number: 373171

4. The name and address of the current registered agent and office:  
Meryl Wolfson c/o Chase Federal Bank, FSB  
7300 N. Kendall Drive  
Miami, FL 33156

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5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
CT Corporation System  
1200 S. Pine Island Road  
Plantation, Florida 33324

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.

Allen D. Shifflet  
(Signature of an officer, chairman or vice chairman of the board)

March 8, 1999  
(Date)

Allen D. Shifflet, President  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

\_\_\_\_\_  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
JENNIFER F AULTMAN  
3-10-99 ASSISTANT SECRETARY  
(Typed or Printed Name) (Capacity)

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