

401920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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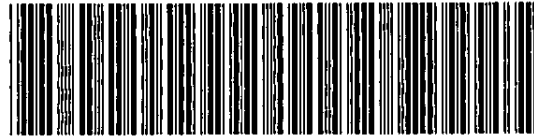
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RAA

4/20/01



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 481087 7914784

AUTHORIZATION

Spuddean

COST LIMIT : \$ 25.00

ORDER DATE : December 31, 2012

ORDER TIME : 3:49 PM

ORDER NO. : 481087-032

CUSTOMER NO: 7914784

CHANGE OF AGENT

NAME: O.R. COLAN ASSOCIATES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

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, 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: O.R. COLAN ASSOCIATES, INC.
2. The principal office address: 11111 Carmel Commons Blvd. Suite 410, Charlotte NC 28226
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/25/1972 Document number: 401920

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)

NRAI Services Inc.

515 E. Park Avenue

Tallahassee FL 32301

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Deb Reeves
Signature of an officer or director

Deb Reeves, Vice President

Printed 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.

Corporation Service Company
By: Sarah Wright
Signature of Registered Agent

12/31/2012

Date

If signing on behalf of an entity:

Sarah Wright, Asst. Vice President

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

CR2E045 (03/12)