

815651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

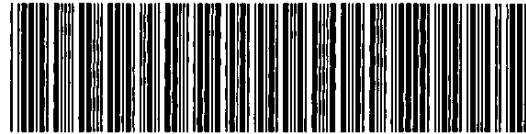
(Business Entity Name)

(Document Number)

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07 AUG 22 AM 8:59

CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts AUG 27 2007



**NATIONAL  
REGISTERED  
AGENTS, INC.**

11600 College Boulevard, Ste 210  
Overland Park, KS 66210  
800-550-6724  
www.nrai.com

August 16, 2007

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Mallory & Evans, Inc.  
Florida Change of Agent

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned Mallory & Evans, Inc. enclosed herewith, in duplicate, are a Statement of Change of Registered Office and/or Registered Agent accompanied by our check in the amount of Amount of Check.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Lisa Reeves

Enclosure - Check

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mallory and Evans, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** 815651

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Reeves

(Name of Contact Person)

National Registered Agents, Inc.

(Firm/Company)

11600 College Boulevard, Ste 210

(Address)

Overland Park, KS 66210

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Reeves

(Name of Contact Person)

at ( 913 )

754-0637

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mallory and Evans, Inc.
2. The principal office address: 646 Kentucky St, Scottdale, GA 30079
3. The mailing address (if different): 625 Kentucky St, Scottdale, GA 30079
4. Date of incorporation/qualification: 10/2/1961 Document number: 815651
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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TALLAHASSEE, FLORIDA

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 of an officer or director)

Clayton Hiett - Corporate Controller  
(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.*

Lisa Reeves, Assistant Secretary

by:   
(Signature of Registered Agent)

8/10/07  
(Date)

If signing on behalf of an entity:

NRAI Services, Inc.

(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