

818119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

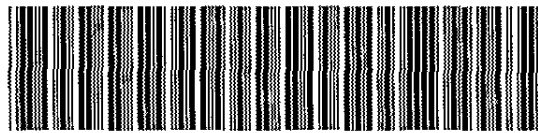
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200016100942

04/24/03--01055--022 **35.00

RECEIVED
03 APR 24 AM 11:10
DIVISION OF CORPORATION

FILED
2003 APR 24 PM 1:43
TALLAHASSEE, FLORIDA

CT CORPORATION

April 24, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5836874 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Alcon Associates, Inc (GA)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

FILED
2003 APR 24 PM 1:43
TALLAHASSEE, FLORIDA

1. The name of the corporation : Alcon Associates, Inc
2. The mailing address of the corporation : Post Office Box 3410, 201 Baldwin Drive, Albany, GA 31708
3. Date of incorporation/qualification: 8-147-64 Document number: 818119
4. The name and address of the current registered agent and office:

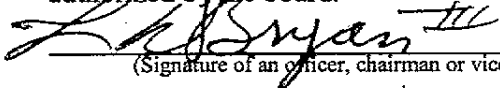
Noel McDaniel
236 S. Geronimo Drive
Destin, FL 32541

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South 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.



(Signature of an officer, chairman or vice chairman of the board)

4-15-03

(Date)

L. D. Bryan, III Chairman and CEO
(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.

C T Corporation System
By:

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Shelley Savage
Vice President

(Typed or Printed Name)

(Capacity)

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