

ACCOUNT NO. : 07210000032

REFERENCE : 372065

7183156

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 13, 1999

ORDER TIME : 10:07 AM

ORDER NO. : 372065-145

900002987509-

CUSTOMER NO: 7183156

CUSTOMER: Ms. Carla Brown Hobbs Group, Llc

4401 Northside Parkway

Suite 560

Atlanta, GA 30327

CHANGE OF AGENT

NAME: HOBBS GROUP, INC.

C. COULLIETTE SEP 1 5 1999

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Turner

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

_	provisions of sections 607.05 corporation organized under ti			3, Florida Statutes,
-	ving statement in order to ch	*	_	d agent, or both, in
the State of Florid				
1. The name of the HOBBS GROUP	ne corporation is:			
2. The mailing ac	ddress of the corporation is: _	4401 North	side Pkwy 6A 3030	. Svite 560
3. Date of incorp	oration/qualification: December	er 15, 1971 De	ocument number:	827193
4. The name and	address of the current register	ed agent and office:	-	
. <u>c</u>	T Corporation System			
<u>1</u>	200 South Pine Island Road	i	- : .	99 SEC
<u>P</u>	lantation, FL 33324			
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)				
<u>c</u>	orporation Service Company	?		HON SO IT
1	201 Hays Street			FLCO LIST:
Ţ	allahassee, FL 32301			I 2: 04 TATE ORIDA
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) (Date)				
CARLA 🐴. BROWN,	Assistant Secretary			
·	(Printed or typed name and title)			
corporation, I her I further agree to performance of m registered agent.	ed as registered agent and to a ceby accept the appointment as comply with the provisions of y duties, and I am familiar with	s registered agent an all statutes relative t	ed agree to act in to to the proper and c	his capacity. complete
Corporation Ser By: Lleon	vice company.		, 9-14 (Date)	-99
(S	ignature of Registered Agent)		(Date)	
If signing on behalf of an entity:				
DEBORAH D. SKIPPER (Typed or Printed Name)			Assistant Vice President	
* * * FILING FEE: \$35.00 * * *				

CR2EO45(7/97)