Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE FROST-ARNETT COMPANY

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C. LEWIS

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FXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Division of Corporations
Frost-Arnett Company Subject:
Name of Corporation
DOCUMENT NUMBER;
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Mark Wright
Name of Contact Person
Frost-Amett Company
Firm/Company
d80 James Robertson Packway
Address
Nashville TN, 37219
City/State and Zip Code
GBuok@frostamett.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Wright 615 259-6236
Name of Contact Person 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 Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

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STATEMENT OF CHANGE OF REGISTERED AFEN 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 Tennessee in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Frest-Amet Company 2. The principal office address: 480 James Robertson Parkway, Nashville, TN 37219 PO Box 198988 Nashville, TN 37219-8988 3. The mailing address (if different): 4. Date of incorporation/qualification: 03/15/1974 831986 Document number; 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) **leffiny A Cremer** I Independent Dr Ste 3300, Jacksonville, FL 32202 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System c/o C T Corporation System, 1200 South Pine Island Road P.O. Bex NOT scooptable 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, or the corporation has been notified in writing of the change. 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 dulies, and I am familiar with and accept the colligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered affice address, I hereby confirm that the corporation has been notified in writing of this change. T Corporation System _n Jeanne Nelson **Assistant Secretary** If signing on behalf of an entity:

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEB: \$35.00 * * *

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