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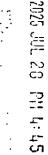
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Confident Contract Contract Character
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

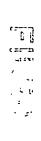
Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: I. C. Thomasson Associates, Inc. Name of Corporation	
DOCUMENT NUMBER: 832851	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
C Williams	
Name of Contact Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Ln	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
professional@harborcomp	oliance.com
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Cindy Williams	at (717) 844-9912
Name of Contact Person	at (717) 844-9912 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

in order to change its registered office or registered agent, or both, in the State of Fl	ennessee orida.	
1. The name of the corporation: I.C. THOMASSON ASSOCIATES, INC.		
2. The principal office address: 2950 KRAFT DR NASHVILLE, TN 37204		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 08/12/1974 Document number: 832851		
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the	
CORPORATION SERVICE COMPANY		
1201 HAYS STREET		
TALLAHASSEE, FL 32301		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	2025 JUL 850	Fæçja
Registered Agents Inc	. 53	ن د د د د ۲ ش د د
7901 4th St N STE 300	72	ر ي با ن
P.O. Box NOT acceptable	÷.	.,
St. Petersburg FL 33702	· 2	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered ag	ent,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	icer so	
T Shane Kirby T Shane Kirby President		
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered agreement is being filed merely to reflect a change in the registered office address. I hereby corporation has been notified in writing of this change.	te performa gent. Or, if onfirm that	— ince this the
1 And 1 Cont.		
Signature of Registered Agent Date		_
If signing on behalf of an entity:-		
David Roberts		
Typed or Printed Name * * * FILING FEE: \$35.00 * * *		