## 83507/

Office Use Only



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CORPORATION SERVICE COMPANY

ACCOUNT NO.				_
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ACCOUNT NO. : 12000000195

REFERENCE: 400225

AUTHORIZATION /

COST LIMIT

ORDER DATE: November 1, 2012

ORDER TIME : 9:57 AM

ORDER NO. : 400225-001

CUSTOMER NO: 7905807

## CHANGE OF AGENT

NAME: WELDON, WILLIAMS & LICK, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

statement of char	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida i ganized under the laws of the State of gistered agent, or both, in the State of I	Arkansas		
1. The name of the	ne corporation: WELDON, WILLI	AMS & LICK			
2. The principal	office address: A. Street, Fort Smith, AR 729				
_	ddress (if different): 168, Fort Smith, AR 72902				
4. Date of incorp	oration/qualification: 09/24/1975	Document number: 83507	1		
	street address of the current registere tment of State: (If resigned, enter res	ed agent and registered office on file wigned)	ith the		
_	C T Corporation System				
	1200 S. 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):  Corporation Service Company  1201 Hays Street  P.O. Box NOT acceptable					
	Corporation Service Compan	y	出ると		
1201 Hays Street					
	Tallahassee, FL 32301	NOT acceptable	FLORIE		
The street addre	ss of its registered office and the str be identical.	eet address of the business office of it	s registered agent,		
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.					
Signatur	e of an officer or director	Maureen Cathell, Vice Pres			
I further agree to performance of the agent. Or, if this hereby confirm t	my duties, and I am familiar with ar	statutes relative to the proper and con ad accept the obligation of my position reflect a change in the registered offic	n as registered		
By: S		October 30, 2012	2		
If signing on beh	nuve of Registered Agent	Date			
	Queppet, Asst. VP				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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