## 838932

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A. BUTLER AUG 2 3 2022 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 891628 8387877 AUTHORIZATION COST LIMIT : ORDER DATE: August 18, 2022 ORDER TIME : 8:19 AM ORDER NO. : 891628-034 CUSTOMER NO: 8387877 CHANGE OF AGENT NAME: AUBREY SILVEY ENTERPRISES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a co	7.0502, 617.0502, 607.1508, rporation organized under tl l office or registered agent, o	ne laws of the Stat	e of GEOR	GIA	
1. The name of	the corporation: AUBREY	SILVEY ENTERPRISES, II	NC.			
2. The principal	office address: 371 HAM	P JONES ROAD CARROLL	TON, GA 30117			
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 08	7/12/1977 Docum	nent number: 83	8932		
	I street address of the cur tment of State: (If resign	rent registered agent and regi ed, enter resigned)	istered office on f	ile with the		
	CT CORPORATION S	YSTEM				
	1200 S. PINE ISLAND	ROAD				
	PLANTATION		FL 33324			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  Corporation Service Company					المحد
	1201 Hays Street				(S)	
	Tallahassee	P.O. Box NOT acceptable	FL 32301	——————————————————————————————————————	. PH 2	; ; ;
The street address changed will	ess of its registered offic- be identical.	e and the street address of the	e business office	of its regis	••	agent.
Such change wa authorized by th	as authorized by resolutions board, or the corporat	on duly adopted by its board ion has been notified in writ	l of directors or b ing of the change	oy an officer	· so	
Xiel	2. agni	Jill Cilmi, V	ice President			
I further agree i of my duties, an document is bei corporation has	the appointment as reginated the appointment as reginated to comply with the proving a large to reflect to ref	stered agent and agree to ac sions of all statutes relative l accept the obligation of my t a change in the registered of this change.	Printed or typed name it in this capacity to the proper and position as regi- office address, I	,	verfor t. Or irm th	mane if thi. at the
By:	Mara Cokubi.	08/19/2022	2			
Sigi	nature of Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date			
If signing on be	half of an entity:					
·	Asst. Vice President					
Ty	yped or Printed Name					

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