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CT CORPORATION SYSTEM

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() Call When Ready	() Call If Problem	() After 4:30
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Georgia submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: The Landmarks Group General Corporation					
2. The mailing add	ress of the corporation is: 121 W Trade	Street, Suite 2550, Charlotte, No	28202		
3. Date of incorpo	oration/qualification: 11/09/1979	Document number:	844573		
4. The name and a	ddress of the current registered agent a	nd office:			
	e Prentice-Hall Corporation System, Inc.		OI MI SECRI		
12	01 Hays Street		MAR 13 CRLTARY AHASS		
	llahassee, FL 32301	0° (D 0 D D D A A	$\sim \frac{11.00}{3}$		
5. The name and a	ddress of the new registered agent and	omice: (P. U. Box Not Acce	prable R P		
<u>C</u>	T Corporation System		Si fi		
<u>c/</u>	o C T Corporation System, 1200 South Pine	Island Road	RANGE 4		
Pi	antation, Florida 33324		Ď'''		
	s of its registered office and the street, will be identical.				
Such change was authorized by the	authorized by resolution duly adopte board.	d by its board of directors of	or by an officer so		
nancy L.		_	26-01		
(Signature o	of an officer, chairman or vice chairman of t	he board)	(Date)		
NADOLI E	armen Assistant Secretary	2-	24-01		
700109 6.72	(Printed or typed name and title)		(Date)		
Having been nam corporation, I het I further agree to performance of n registered agent.	ned as registered agent and to accept reby accept the appointment as regis comply with the provisions of all sta ny duties, and I am familiar with and	service of process for the c tered agent and agree to a tutes relative to the proper accept the obligation of m	above stated ct in this capacity. · and complete y position as		
(Sig	gnature of Registered Agent)	(D	ate)		
If signing on behalf	of an entity:	ì	1		
loe 1	300	3/19	01		
<u> </u>	DAN BOLDEN Name)	-(Capaci	ту ()		
CR2E045(4/95)	ASSISTANT SECRETARY		FILING FEE: \$35.00		