## 846936

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CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 516924 7918422

AUTHORIZATION

7510122

COST LIMIT : /\$, 35

ORDER DATE : January 31, 2013

ORDER TIME : 3:42 PM

ORDER NO. : 516924-024

CUSTOMER NO: 7918422

## CHANGE OF AGENT

NAME: APAC, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.
1. The name of	the corporation: APAC, INC.	
2. The principal	office address: 900 Ashwoo	d Parkway Suite 700, Atlanta GA 30338
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 09/10/	1980 Document number: 846936
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation FL 33324	
6. The name and (if changed):		stered agent (if changed) and /or registered office
	Corporation Service Cor	mpany 5
	1201 Hays Street	
		O. Box NOT acceptable
	Tallahassee, FL 32301	
The street addr as changed will	ess of its registered office and l be identical.	the street address of the business office of its registered agent,
Such change w authorized by t	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.
Liv	Reeves	Deb Reeves, Vice President
I hereby accept I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions	Printed or typed name and title  d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I notified in writing of this change.
By: XW	Constitute of Blad State and A const	January 24, 2013 Date
•	gnature of Registered Agent ehalf of an entity:	Date
Sarah Wrigh	nt, Asst. Vice President	
-	Typed or Printed Name	— A A A A A A A A A A A A A A A A A A A

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

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