Division of Corporations

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Florida Department of State Division of Corporations Public Access System

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TO:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

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## **REGISTERED AGENT CHANGE**

## SUNLINK CORPORATION

Certificate of Status	0
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(A.)

## 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, this statement of change is submitted for a corporation organized under the laws of the State of <u>Georgia</u> \_\_\_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUNLINK CORPORATION

2. The principal office address: 754 PEACHTREE ST. NE, 3RD FLOOR, ATLANTA, GA 30308-1206

3. The mailing address (if different): 675 WEST PEACHTREE ST., NW, SUITE 4200, ATLANTA, GA 30375 US

4. Dats of incorporation/qualification: 06/29/1983 Document number: 856946

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

	1201 HAYS STREET, SUITE 105			
	TALLAHASSEE, FL 32301 US		NON	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		I 3 P	
	C T Corporation System	التيد 1	PH 4:	- CS
	c/o C T Corporation System, 1200 South Pine Island Road		.: 20	-
	(P.O. Box NOT acceptable)	14 ( <b>*</b> 14) 15		
	Plantation, Plorida 33324			

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Signaling

Jonathan P. Klug, Vice President (Prince or typed name and little)

I hereby accept the appointment as kegistered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duities, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed mereby to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

C T Composition System By:

If signing on behalf of an entity:

Jennifer Quinn Assistant Secretary

Megan Ware

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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