F0000000462

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CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE: 415203 7908399

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: November 7, 2012

ORDER TIME : 5:06 PM

ORDER NO. : 415203-024

CUSTOMER NO: 7908399

CHANGE OF AGENT

NAME: NEEL-SCHAFFER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation organi	zed under the laws of the State of Mississippi
	r to change its registered office or registe	-
1. The name of	he corporation: NEEL-SCHAFFER, I	NC.
2. The principal	office address: 125 South Congress Str	reet, Ste 1100, Jackson, MS 39201
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 01/21/2000	Document number: F0000000462
	street address of the current registered ag trment of State:	
	Beladi, Mehran	12 X 3.55 C. R. S. C.
•	2301 Lucien Way, Ste 300	ON OFFICE
	Maitland, FL 32751 US	8 Q
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Mari	re of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the obli- ng filed merely to reflect a change in the s been notified in writing of this change.	•
By:	on Service Company	11/06/2012
	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	,
Sylvia Quepp		
C	Typed or Printed Name)	
	* * * FILING FE	E: \$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)