## F00000001861

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LÀ. Clg. C.COULLIETTE

OCT 21 2011

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE : 943231 7851759

AUTHORIZATION

COST LIMIT

ORDER DATE: October 12, 2011

ORDER TIME : 11:31 AM

ORDER NO. : 943231-004

CUSTOMER NO: 7851759

## CHANGE OF AGENT

NAME: LYSAGHT & ASSOCIATES, P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of North	Carolina_	
1. The name of	the corporation: LYSAGHT & ASSO	CIATES, P.A.		
2. The principal	office address: 120 Saint Mary's Stree	et, Raleigh NC 27605		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/04/2000	Document number: F0000000186	51	
	d street address of the current registered apriment of State:	gent and registered office on file with the		
	NRAI Services, Inc.			
	515 E. Park Avenue		Pe =	
	Tallahassee FL 32301		OCT I	
6. The name and (if changed):	d street address of the new registered agen	at (if changed) and /or registered office	OCT 21 PM 4: LAHASSEE, FLO	- ורבט
•	Corporation Service Company		<b>↓: 2</b> STAT FLORII	
	1201 Hays Street		DE 80 A	
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its regis	stered agent,	
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by an office tified in writing of the change.	er so	
Mall	ren Cathell	Maureen Cathell, Vice President		
	ure of an officer or director)	(Printed or typed name and title)		
of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change. on Service Company	d agree to act in this capacity. Ites relative to the proper and complete gation of my position as registered ager e registered office address; I hereby con	performance nt. Or, if this firm that the	
By:	Luysin	10/12/2011		
(Si	gnature of Resistered Agent)	(Date)		
If signing on be	chalf of an entity:			
Sylvia Quepp	et, Asst. VP			
(1	Typed or Printed Name)			

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