

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

Fax Number

: (850)222-1092 : (850)878-5926

2008 JUN 27 AM 8: 00

REGISTERED AGENT CHANGE

GOLDEN BELL MANAGEMENT, INC.

Certificate of Status	_0
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.Corporate Filing Menu

Help

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

17.4

FL006 - 95/14/2805 C Y System Calling

statement of cha	provisions of sectians 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statua mge is submitted for a corporation organized under the laws of the State of <u>Delaw</u> r to change its registered office or registered agent, or both, in the State of Florida	are	- -	
1. The name of	the corporation: Golden Bell Management, Inc.	_		
2. The principal	office address: 200 Westgate Drive, Suite B			
	Pinehurst, NC 28374			
3. The mailing a	ddress (if different); P.O. Box 1848			
	Pinehurst, NC 28370-1848			
4. Date of incom	poration/qualification: April 24, 2000 Document number: P0000002351			
	strest address of the current registered agent and registered office on file with the tment of State;	In the second	90	
	Corporation Service Company			
	1201 Hays Street		₹.	den.
٠	Tallabassoc, FI, 32301	RAY B		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	F STAT	JUN 27 AM 10: 0	E
	C T Corporation System	Z.M.	ci)	
	c/o C T Corporation System, 1200 South Pine Island Road			
	(P.O. Box NOT acceptable)			
	Plantation, Florids 33324			
The street addre	ss of its registered office and the street address of the business office of its regi be identical.	stered ag	ent,	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so		
- Darlar	(Printed or typed number and little)			
By:	the appointment as registered agent and agree to act in this capacity. O comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered age ng filed merely to reflect a change in the registered affice address, I hereby con been notified in writing of this change. CT Corporation System CAN Corporation System (Date)	perform nt. Or i afirm tha	ance f this t the	
If signing on be	PRESION PARTIES			
	r, Special Assistant Secretary yped or Printed Name)			
(1	* * * FILING FEE: \$35.00 * * *			
M/ CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	4		