## F000000004581

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## **FILING REQUEST**

February 24, 2010

## **FLORIDA SECRETARY OF STATE**

Type of Filing:

**CHANGE OF AGENT** 

Subject(s):

FREEMANWHITE, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 33694 FOR \$35.00

Return Via:

**REGULAR MAIL - SASE ATTACHED** 

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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

statement of cha	orovisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz	ed under the laws of the State of <u></u>	lorth Carolina
in orde	r to change its registered office or register	_	orida.
	he corporation:		
2. The principal	office address: 8845 Red Oak Blvd, Charle	otte, NC 28217	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 8/14/2000	Document number: F00000	004581
5. The name and	street address of the current registered age tment of State:		
	CT Corporation System		
	1200 South Pine Island Road		2010 SE TALI
	Plantation, FL 33324		AHAR TI
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered offi	2010 MAR -1 AH 11: 40 SECRETARY OF STATE TALLAHASSEE. FLORID
	NRAI Services, Inc.		III: 4
	2731 Executive Park Drive, S	Suite 4	
	Weston, FL 33331		
The street addre as changed will	ss of its registered office and the street as be identical.	ddress of the business office of its	s registered agent,
Such change wa authorized by th	is authorized by resolution duly adopted be board, or the corporation has been noti	by its board of directors or by an fied in writing of the change.	officer so
Tranking (Signatu	I Double of the contraction of t	Franklin H. Brooks, President (Printed or typed name and to	ile)
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and o comply with the provisions of all statut d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. es relative to the proper and com ation of my position as registered registered office address, I hereb	plete performance I agent. Or, if this y confirm that the
M M (Sig	mature of Registered Agent)	2/23/10 <sub>(Date)</sub>	
lf signing on bel	half of an entity:		
	bbs, Assistant Secretary  yped or Printed Name)		

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

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