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C T CORPORATION SYSTE	<u></u>	
Requestor's Name 660 East Jefferson St		
Address		
Tallahassee, FL 3230 City State Zip	01 (850)222-1092 Phone	
CORPORA	TION(S) NAME	
	<u> </u>	
<u> </u>		
	ockson Pierce Public	Affairs Toc.
() Profit () NonProfit	() Amendment	() Merger
() Limited Liability Comp () Foreign	() Dissolution/W	ithdrawal () Mark
() Limited Partnership () Reinstatement	() Annual Repor () Reservation	Change of R.A.
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CR2E031 (1-89)

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

the undersigned corporation organized und	-	
	o change its registered office or registered ag	ent, or both, in
the State of Florida.	uras Dublis A Chier Fra	
1. The name of the corporation : Jackson Pie	tee Fubite Atlana, inc.	
2. The mailing address of the corporation ;	44 Broad Street, Ste 810, Atlanta, GA 30303	7003
3. Date of incorporation/qualification: 4-2	Document number: F0100	00001857
4. The name and address of the current regi	istered agent and office:	<u> </u>
_		PH
Tapia, Johanna		CREE 5
15321 S. Dixie Highway		2
Miami, FL 33156		
	ared agent (if changed) and/or registered office D. Box Not Acceptable)	(if changed):
C T Corporation System		<i>-</i>
c/o C T Corporation System, 12	200 South Pine Island Road,	
Plantation, Florida 33324		
The street address of its registered office a agent, as changed, will be identical.	and the street address of the business office of	f its registered
Such change was authorized by resolution authorized by the board,	duly adopted by its board of directors or by a	
- Can L- gurbar	-4/25	-/03
(Signature of an officer, chairman or vice chair	man or the control (1250s)	
Pals, den+ (Printed or typed name and ti		
corporation, I hereby accept the appointm I further agree to comply with the provision performance of my duties, and I am famili registered agent.	nd to accept service of process for the above nent as registered agent and agree to act in th ons of all statutes relative to the proper and c iar with and accept the obligation of my posit	is capacity. complete
CT Corporation System By:	Lauce 5-7-	-03
(Signature of Registered Agent)	(Daid)	
if signing on behalf of an entity:	Shelley Savage Vice President	
(Typed or Printed Name)	(Capacity)	
***FI	LING FEE: \$35.00 * * *	

P.O. Box 6327

TALLAHASSEE, FL 32314