## F01000002452

| (Re                                     | equestor's Name)   |           |  |
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| (Ac                                     | ldress)            |           |  |
| (Ac                                     | ldress)            |           |  |
| , (Cit                                  | ty/State/Zip/Phone | :#)       |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |
| (Ві                                     | isiness Entity Nan | ne)       |  |
| (Document Number)                       |                    |           |  |
| Certified Copies                        | _ Certificates     | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
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DIVISION OF CORPORATIONS

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Vir/19

## NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, NY 10001

Telephone: (212) 356-8351

Internet Address: theresa@newcocorporate.com

Fax: (212) 356-8352

November 21, 2005

Secretary of State of Florida Amendment Section Corporations Division P.O. Box 6327 Tallahassee, FL 32314

RE: GCA SERVICES GROUP OF NORTH CAROLINA, INC.

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

na Testa

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

Check#- 22371-935.00

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.   | 7.1508, or 617.1508, Florida Statutes, th  | iis statement of |
|---|--|------------------|
| change is submitted for a corporation organized under the law   | s of the State of North Carolina   | in order         |
| to change its registered office or registered agent, or both, in the  | he State of Florida.   |                  |
| 1. The name of the corporation: GCA Services Group of Nor   | rth Carolina, Inc.   |                  |
| 2. The principal office address: 3400 C West Wendover Ave   | nue, Greensboro, NC 27407  |                  |
| 3. The mailing address (if different):  |  |                  |
| 4. Date of incorporation/qualification: 5/3/2001  | Document number: F01000002452  |                  |
| 5. The name and street address of the current registered agent a Florida Department of State:   | and registered office on file with the   |                  |
| Corporation Service Company   |  |                  |
| 1201 Hays Street, Suite 105   |  |                  |
| Tallahassee, FL 32301   |  | ביווים טר        |
| 6. The name and street address of the new registered agent (if changed):  | changed) and /or registered office   |                  |
| NRAI Services, Inc.   |  | ·                |
| 2731 Executive Park Drive, Suite 4  |  |                  |
| (P.O. Box or personal mailbox   | (NOT acceptable)   |                  |
| Weston, FL 33331  |  |                  |
| The street address of its registered office and the street address changed will be identical.   | ess of the business office of its register   | ed agent, as     |
| Such change was authorized by resolution duly adopted by it the board, on the corporation has been notified in writing of   | its board of directors or by an officer so<br>the change.  | o authorized by  |
| John L Xessle   | John L. Kessler, Secty.  |                  |
| I hereby accept the appointment as registered agent and agr I further agree to comply with the provisions of all statutes a duties, and I am familiar with and accept the obligation of a being filed merely to reflect a change in the registered office been notified in writing of this change.  NRAI Services, Inc.  by:  (Signature of Registered Agent) | (Printed or typed name and tite ree to act in this capacity. relative to the proper and complete per ny position as registered agent. Or, if e address, I hereby confirm that the confirm that th |                  |
| If signing on behalf of an entity:  |  |                  |
| Delia Taliento  | Asst. Secty.   | <u></u>          |

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