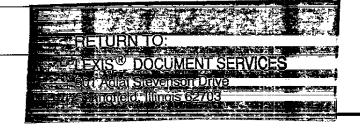
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials
	Examiner's Initials

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

	ne provisions of sections 607.0502, 617.		8, Florida Statutes,
=	d corporation organized under the laws lowing statement in order to change its		d agent or both in
the State of Flo		ogasie, ca ogjice or rogasie, ca	a agone, or cour, in
1. The name of	f the corporation is: cial Services of North Carolina, Inc.	–	
2. The mailing	address of the corporation is: 13730 Sou	ith Point Blvd., Charlotte, NC 28	8273
3. Date of inco	orporation/qualification: 9/20/2001	Document number: F	01000004987
4. The name ar	nd address of the current registered agent	and office:	
	CT Corportion System		
	1200 South Pine Island Road		NOV 26 CRETARY AHASSE
	Plantation, FL 33324		An)
5. The name ar	nd address of the new registered agent an	d office: (P. O. Box Not Acce	
	LEXIS Document Services Inc.		res in €
	3953 W W Kelley Road		
	Tallahassee, FL 32311		
The street addingent, as chang	ress of its registered office and the street ged, will be identical.	address of the business offic	ce of its registered
Such change wanthorized by	vas authorized by resolution duly adopte the board	d by its board of directors or	by an officer so
(Signature	of an officer, chairman or vice chairman of the boar	d) (Da	te)
TOHN Z.	(Printed or typed name and title)	PEAGURER	
corporation, I I further agree	amed as registered agent and to accept hereby accept the appointment as regist to comply with the provisions of all state of my duties, and I am familiar with and some	ered agent and agree to act i tutes relative to the proper a	in this capacity. nd complete
1/1/10)	1) Stephomon	November 14, 20	001
	Signatule of Registered Agent)	(Date)	
f signing on beha			
Karen Stephens	SON (Typed or Printed Name)	Assistant Secret	tary
	* * * FILING FEE:		

CR2E045(7/97)