F02000000523

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BWS Corporation	
(Name of corporation)	
DOCUMENT NUMBER: F02000000523	· .
The enclosed Statement of Change of Registered Office/Agent and fee are subm	nitted for filing.
Please return all correspondence concerning this matter to the following:	
- -	
Linda Hairston (Name of person)	٠. حد ١
(Classic ox passes)	
BWS Corporation	″ La⊈
(Name of firm/company)	•
2695 Buford Highway, NE, Suite 110	
(Address)	• •
Atlanta, GA 30324	! • •
(City/state and zip code)	i <u>sz</u>
For further information concerning this matter, please call:	• •
	:
Linda Hairston at (404) 325-3155 X 10 (Name of person) (Area code & daytime telephone	number)
(2 table of posson)	. ———
Enclosed is a \$35.00 check made payable to the Department of State.	
	• •
Mailing Address: Street Address:	,
Amendment Section Division of Corporations Amendment Section Division of Corporations	t
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399	
I WILLIAM DOOD, I D DOOT TO THE TAIL MADDEN, I D DOOD,	:

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

Pursuant to th	ie provisions of se	ctions 607.0502,	, 6 <u>17</u> .0502, 60	7.1508,	or 617.ī508,	Florida Statutes,
this statement	of change is submi	tted for a corpor	ation organize	d under i	the laws of the	State of
Georgia		-	_			both, in the State
of Florida.					,	
1. The name of	f the corporation:_	BWS Corpora	tion_			
2. The principa	al office address:	2695 Buford	Highway, N	Œ, Sui1	te 110_	
<u> </u>	· - · · · · · · · · · · · · · · · · · ·	Atlanta, GA	30324		<u> </u>	··
3. The mailing	address (if differen	nt):			; 	
					173	
4. Date of inco	rporation/qualifica	tion: 1/28/0	2I	ocument	t number: <u>F</u> (2000000523
	nd street address of artment of State:	the current regis	tered agent an	d register	ed office on f	ile with the
•	Shanna Logi	ıe.				
		lantic Blvd.,	Suite 201		!	40, 00
					 - 	
		ach, FL 33062			<u>. </u>	- 毙る
	and street address	of the new regis	tered agent (if	f changed	d) and /or reg	istered office (if
changed):	Thomas Bla	kely				17.00 E
	3171 Westm	ont Place				- 022
		(P.O. Box or personal i	mailbox NOT accept	able)	· (5.7	- 7
	The Village	es, FL 32162		_		
The street addr	ess of its registere ged will be identica	d office and the	street address	of the bu	siness office	of its registered
Such change wanthorized by t	as authorized by rehe do	esolution duly action has be	dopted by its been notified in	oard of d writing d	lirectors or by of the change.	an officer so
Veg	er, chairman or vice chairma	an of the board	Thomas A	. Blake	ely, President de la president	lent
I hereby accept I further agree performance of registered agen office address,	t the appointment to comply with the fmy duties, and I duties, and I duties, and I duties, are the confirm to the confirmation	as registered age provisions of a im familiar with ment is being fil	ent and agree ll statutes rela and accept th ed merely to r	to act in tive to th e obligat eflect a c	this capacity, se proper and tion of my pos thange in the	ition as registered
(Vean	Signature of Registered Age	ent)	October		03 :	
f signing on behal	lf of an entity:				!-	
				<u>,.</u>		<u> </u>
(*	Typed or Printed Name)		_	(Ca	pacity)	-

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