F02000006448

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	ocument Number)			
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ION SERVICE COMPANY.				
A	CCOUNT NO.	: 0721	0000003	2
	REFERENCE	: 8136	08	7516676
AUT	HORIZATION	Smel.	Eden	an
	COST LIMIT	: \$\\\$.00	
ORDER DATE : Janua:	ry 16, 2006			
ORDER TIME : 9:24	-			
ORDER NO. : 81360				
CUSTOMER NO: 75				
<u>'</u>	CHANGE OF AC	<u>SENT</u>		
NAME: H/	S AUGUSTINE	MANAGER	, INC.	
PLEASE RETURN THE FO	OPY	PROOF OI	F FILIN	G :
CONTACT PERSON: Hea	_	un MINER'S	INITIA	.s:

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Storganized under the laws of the State of \Box	eorgia		
in orde	r to change its registered office or re	egistered agent, or both, in the State of Flo	orida.		
1. The name of t	he corporation: H/S AUGUSTINE N	MANAGER, INC.			
2. The principal	office address: 3632 Wheeler Road,	Augusta, GA 30909			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/23/2002	Document number: F02000000	6448		
	street address of the current register tment of State:	red agent and registered office on file with	. the		
	C T Corporation System		20 JAL		
	1200 South Pine Island Road		FIL 06 FEB 10 LAHASSE		
	Plantation, FL 33324		FIL 10 SSE		
1200 South Pine Island Road Plantation, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company		N N		
	1201 Hays Street				
	(P.O. Box NOT acce	eptable)			
	Tallahassee, FL 32301				
The street addre	ss of its registered office and the s be identical.	treet address of the business office of its	registered agent,		
Such change wa authorized by th		opted by its board of directors or by an cen notified in writing of the change.	officer so		
Haure	u Cull	Maureen Cullen, Attorney in Fact			
- 1	re of an officer or director)	(Printed or typed name and tit)	ie)		
I further agrée to of my duties, an document is bei corporation has	o comply with the provisions of all d I am familiar with and accept the	nt and agree to act in this capacity. I statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby ange.	olete performance agent. Or, if this confirm that the		
By:	augus	February 6, 2006			
J (Sig	nature of Registered Agent)	(Date)			
If signing on be	half of an entity:				
	Asst. Vice President				
(7)	yped or Printed Name)				

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