Division of Corporations Public Access System

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Account Name

: C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

COMBEST GEORGIA, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	2, 617.0502, 607.1508, or 617.1508, Florida Stati	utes,
this statement of change is submitted for a corpor		
Georgia in order to change its reg	istered office or registered agent, or both, in the S	state
of Florida.		
I. The name of the corporation: Combest, Inc. U	1817 Gombest Georgia, Inc.	·
2. The principal office address: 1856 Corporate Dr	ive, Suite 170, Norcross, GA 30093	
3. The mailing address (if different):	P _c .	
		<u>2</u>
4. Date of incorporation/qualification: 10/01/03	Document number: F03000004919	<u> </u>
	ASS	8
5. The name and street address of the current regi	istered agent and registered office on file with the	•
Florida Department of State:	nn Hubbard	R [
·		ය ය 〔
930 SOCIA PI	ONE ISLAND ROAD	25
PLANTA	TION FL 33324	
6. The name and street address of the new regi	stered agent (if changed) and /or registered office	e (if
changed):	•	,
CT Corp	oration System	
c/o C T Co	rporation System	
•	mailbox NOT acceptable)	
1200 South Pine Island R	losd, Plantation, Florida 33324	
The street address of its registered office and the agent, as changed will be identical.	street address of the business office of its register	red
Such change was authorized by resolution duly a authorized by the board, or the corporation has b	idopted by its board of directors or by an officer seen notified in writing of the change.	o
(Signature of an officer, charmen or vice chairman of the board)	CANA BARNES 10-11-04 (Fridled or typed band and little)	
(higherthic of an allicer, charmen or vice charmen of the board)	(Frinked or typed takes and little)	
I further agree to comply with the provisions of a	gent ona agree to act in this capacity. All statutes relative to the proper and complete	
I hereby accept the appointment as registered as I further agree to comply with the provisions of a performance of my duties, and I am familiar with registered agent. Or, if this document is being fine address, I hereby confirm that the corpora	h and accept the obligation of my position as iled merely to reflect a change in the registered	
office address, I hereby confirm that the corpora C T Copyration System	tion has been notified in writing of this change.	
Dr. Dale & monis	10-18-04	
(Signature of Registered Agent)	10 - 18-04 (Detr)	
If signing on behalf of an entity:	DALE W. MORRIS	
	ASSISTANT VICE PRESIDENT	
(Typed or Prised Name)	(Capacity)	

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

MAKE CIGGES PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLARASSEE, FL 32314