Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

FREELAND & KAUFFMAN, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org ir to change its registered office or reg	ranized under the laws of the	State of SC	
	the corporation: FREELAND &			
	office address: 209 West Stone			
	e, SC 29609			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 12/26/03	Document number:	F04000000064	
	d street address of the current registered treet of State:	d agent and registered office	on file with the	
	CT Corporation System			
	1200 South Pine Island Roa	d		
	Plantation FL 33324			
6. The name and (if changed);	d street address of the new registered at	gent (if changed) and /or regi	office of its registered agent,	EGG.
	Corporation Service Compa	ny		HASSEE, FLUNG
	1201 Hays Street		22	SEE
	(P.D. Box NOT accepts	ble)	3	至 立
	Tallahassee, FL 32301			ڇٰ ۾
The street addre as changed will	ess of its registered office and the stre be identical.	et address of the business of	office of its registered agent,	ت
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors notified in writing of the ch	s or by an officer so nange.	
Kant	Hh M	Kim A. Kauffmar		
(Signatu	ue of an officer or director)		d name and infe)	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chan tion Service Company	and agree to act in this cap tatutes relative to the prope bligation of my position as the registered office addres ge.	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the	
By: Say	G. A. A.	9/10/09	•	
	gnabute of Registered Agent)	(Da	te)	
If signing on be	half of an entity:			
	eppet, Assistant V.P.			
	yped or Printed Name)			
	* * * FT INC 1	FRV: 025 00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)