

FDY 0000000402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800207652538

05/24/11--01012--013 **35.00

Ro ch

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 24 PM 1:29

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New South Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. W. Joseph, Vice President Administration
Name of Contact Person

New South Associates, Inc.
Firm/Company

6150 East Ponce de Leon Avenue
Address

Stone Mountain, GA 30083
City/State and Zip Code

jwjoseph@newsouthassoc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J.W. (Joe) Joseph at (770) 498-4155 ext. 102
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

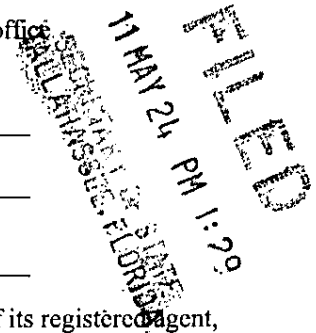
1. The name of the corporation: New South Associates, Inc.
2. The principal office address: 6150 East Ponce de Leon Ave
Stone Mountain, GA 30083
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 1/22/04 Document number: FO4000000402
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Greg Smith
804-C Anastasia Boulevard
St. Augustine, Florida 32080

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Greg Smith
835-B Anastasia Boulevard
P.O. Box NOT acceptable
St. Augustine, Florida 32080



The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mary Beth Reed
Signature of an officer or director

Mary Beth Reed, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Greg C. Smith
Signature of Registered Agent

5/20/11
Date

If signing on behalf of an entity:

GREG C. SMITH
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)