

FD40000000402

(Requestor's Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

New South Associates, Inc.

SUBJECT: _____
Name of Corporation

DOCUMENT NUMBER: _____

FC4000000402

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:

Theresa Hamby

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

thamby@newsouthassoc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Hamby

770 498-4155 ext. 122

Name of Contact Person

at ()
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 Avenue
Stone Mountain, GA 30083
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1/22/2004 Document number: EO4DDOCCW402

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

835-B Anastasia Boulevard

ST. Augustine, FL 32080

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

NRAI Services Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

[Signature]
Signature of Registered Agent

5/27/2015
Date

If signing on behalf of an entity:

Sierra Burris

Vice President & Assistant Secretary

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 (03/12)

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