

(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:				

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03/16/21--01025--005 \*\*35.00

2021 MAR 16 MH 10: 42
SECRETARY OF STATE

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: March 11, 2021

Order#: 701489-004

Re: NEW SOUTH ASSOCIATES, INC.

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX \_\_ Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX \_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida St tion organized under the laws of the State of $\frac{1}{2}$ e or registered agent, or both, in the State of Fl	GA	us	_
1. The name of	the corporation: NEW SOUTH	ASSOCIATES, INC.			
2. The principal					_
3. The mailing a	address (if different):	- AB-1-			
4. Date of incor	poration/qualification: 01/22/2	2004 Document number: F040000	00402		
5. The name and		egistered agent and registered office on file wit			
	NRAI Services Inc.				
	1200 SOUTH PINE ISLAND	ROAD	93. 03.8	2021	
	PLANTATION, FL 33324		に沿って	1021 HAR 16	ent ent
6. The name and (if changed):	I street address of the new regi	stered agent (if changed) and /or registered offi	135 <b>%</b> H)		4
	Corporation Service Compa		四岁	AM 10: 42	<u>(</u>
	1201 Hays Street		, <u>u</u>	Ň	
	P.O. Box NO f acceptable				
	Tallahassee	FL 32301			
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of its	registere	ed age	nt.
Such change wa authorized by ti	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an case been notified in writing of the change.	officer so	•	
5	Sara Read	Sara Gale Read - Secretary			
	re of an officer or director	Printed or typed name and title	r ·		-
l further agree of of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of I am familiar with and accelling filed merely to reflect a chief been notified in writing of the Service Company.	l agent and agree to act in this capacity, of all statutes relative to the proper and compit the obligation of my position as registered ange in the registered office address, I hereby is change.	olete perj agent. ( confirm	formai Or, if t i that i	nce his the
By: 1 00 00 (\$100) 03/11/2021					
مَانِي حَمْرَانِهُ	nature of Registered Agent	Date			_
If signing on be	half of an entity:				
	Asst. Vice President	<u> </u>			
	••				

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