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REGISTERED AGENT CHANGE

VAWTER, GAMMON, NORRIS & COMPANY, P.C.

Certificate of Status	0
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Corporate Filing Menu

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C. Coulliste JAN 2 5 2007

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

Pursuant to the	provisions of sec	ctions 607.0502, 6	17.0502, 607.1508, or 617.1508	3, Florida Statutes,	
this statement of Tennessee	<u>-</u>	=	on organized under the laws of t red office or registered agent, o	-	
of Florida.					
1. The name of	the corporation:\	/awter, Gammon, N	orris & Company, P.C.		
2. The principal	2. The principal office address: 1316 Hardwood Trail, Cordova, Tennessee 38016				
3. The mailing a	address (if differen	t):			
4. Date of incor	poration/qualificat	ion: 08/05/2004	Document number:	F04000004493	
	d street address of street of State:	the current register	ed agent and registered office or	n file with the	
	CORPORATION	SERVICE COMPAN	NY .		
	1201.HAYS STRE	EET			
·	TALLAHASSEE, I	FL 32301-2525			
6. The name ar changed):	nd street address of Business Filings In		ed agent (if changed) and /or r	egistered office (9)	国LED
•	1203 Governors S	quare Blvd., Suite 1	01	- ST	
-		(P.O. Box or personal mai	lbox NOT acceptable)	一	
<u>-</u>	Tallahasse, Florida	a 32301			
The street addreagent, as change	ess of its registered ed will be identica	d office and the str	eet address of the business offic	ce of its registered	
Such change wa authorized by th	as authorized by re ne board, or the co	esolution duly adop rporation has been	pted by its board of directors or a notified in writing of the chang	by an officer so ge.	
(Signature of an officer	, chairman or vice chairma	un of the board)	Robert T. Vawter, President (Printed or typed name and title)	
registerea agen	i. Or. ii inis aocu	ment is being tiled	t and agree to act in this capaci statutes relative to the proper at nd accept the obligation of my p I merely to reflect a change in th n has been notified in writing oj	he registered	
<u> </u>	life		December 28, 2006		
(S	ignature of Registered Age	ant)	(Date)		
If signing on behal	f of an entity:		A) /D		
Mark Schiff	yped or Printed Name)		AVP (Conscitu)	-	
(1	ypea or runned Name)		(Capacity)		

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

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

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