F17000000858

Florida Department of State
Division of Corporations
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I ALBRITTON

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
ALLIANCE SALES & MARKETING/NC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alliance Sales & Marketing/NC, Inc.
Name of Corporation

DOCUMENT NUMBER: F05000000858

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:

Annemarie Glover
Name of Contact Person

Alliance Sales & Marketing/NC, Inc.
Firm/Company

PO BOX 2810
Address

MATTHEWS, NC 28106
City/State and Zip Code

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

For further information concerning this matter, please call:

Alonn Williams at (518) 451-8035
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

CR2E045 (03/12)

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 Alabama *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ALLIANCE SALES & MARKETING/NC, INC.
2. The principal office address: 5113 PIPER STATION DRIVE 102, CHARLOTTE, NC 28277
3. The mailing address (if different): PO BOX 2810, MATTHEWS, NC 28106
4. Date of incorporation/qualification: 02/04/2005 Document number: F05000000858
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)

   ANDERSON, SCOTT

   1064 Greenwood Blvd Suite 112

   LAKE MARY, FL 32746

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

   C T Corporation System

   c/o C T Corporation System, 1200 South Pine Island Road

   P.O. Box NOT acceptable

   Plantation, Florida 33324

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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.

Signature of an officer or director — Scott Anderson- CEO (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.

C T Corporation System
By: Signature of Registered Agent — 9/22/2017 Date

If signing on behalf of an entity: James H. Tanks III
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

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