

F050000003/49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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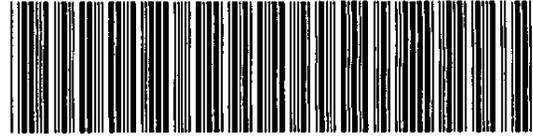
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 11 PM 3:02

RALPH ROLOCH  
@ 5/16/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VNS Corporation  
Name of Corporation

**DOCUMENT NUMBER:** F05000003149

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:

Ms. Terry Scaglione  
Name of Contact Person

Registered Agents Legal Services, LLC  
Firm/Company

1220 N. Market Street, Suite 806  
Address

Wilmington, DE 19801  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ms. Terry Scaglione at ( 800 ) 400-6650  
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 GA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VNS Corporation

2. The principal office address: 325 Commerce Loop, Vidalia, GA 30474

3. The mailing address (if different): P.O. Box 1659, Vidalia, GA 30475

4. Date of incorporation/qualification: 05/26/2005 Document number: F05000003149

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)

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

Registered Agents Legals Services, LLC
155 Office Plaza Drive, Suite A
Tallahassee, FL 32301

P.O. Box NOT acceptable

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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 (with signature of Bartow R Snooks, III)

Bartow R Snooks, III - Secretary
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 of Registered Agent (with signature of Michael W. Ashley)

5/8/12
Date

If signing on behalf of an entity:

MICHAEL W. ASHLEY
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