

# F05000006091

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY  
 Account Number : 120000000195  
 Phone : (850) 521-1000  
 Fax Number : (850) 558-1515

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### REGISTERED AGENT CHANGE STERLING RISK ADVISORS, INC.

Certificate of Status	0
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Page Count	02
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*Handwritten signature and date: 4/13/09*

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: STERLING RISK ADVISORS, INC.
2. The principal office address: 1640 Powers Ferry Road SE, Building 28, Marietta, GA 30067-1425
3. The mailing address (if different):

4. Date of incorporation/qualification: 10/17/2005 Document number: F05000006091

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahasscc, FL 32301

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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 officer or director: Radger H. Barton, CFO

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.

By: Grace E. Kirby (Signature of Registered Agent) June 16, 2010 (Date)

If signing on behalf of an entity: Grace E. Kirby, Asst. Vice President (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 (8/05)