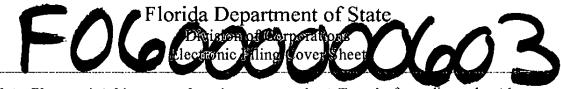
7/14/2016 10:13:04 AM From: To: 8506176380(1/3)



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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

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REGISTERED AGENT CHANGE

PT&C FORENSIC CONSULTING SERVICES, P.A

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COVER LETTER

TO:	Amendment Section Division of Corporations				
QT ID I	PT&C FORENSIC CONSULTING SERVICES, P.A.				
SODS	SUBJECT: Name of Corporation				
DOC	UMENT NUMBER:				
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	e return all correspondence concerning this matter to the following:				
	Name of Contact Person				
	Firm/Company				
	Address				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
	•				
For fu	rther information concerning this matter, please call:				
	Name of Contact Person at () Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Street Address: Amendment Section				
	Amendment Section Amendment Section Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo	anized under the laws of the Stat	e of Delaware	
	er to change its registered office or regis		e oj rioriaa.	
	the corporation: PT&C FORENSIC CON office address: 2727 Paces Ferry Rd., Su)	
3. The mailing	address (if different): 2727 Paces Ferry R	d., Suite 1-1200, ATLANTA, GA	30339	
4. Date of incor	poration/qualification: 01/26/2006	Document number: F060	000000603	
5. The name an	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on fi		
	CORPORATION SERVICE COMPANY	,		
	1201 HAYS STREET, TALLAHASSEE,	, FL 32301-2525		
6. The name and (if changed):	d street address of the new registered ag C T Corporation System	ent (if changed) and /or registere	ed office	
	c/o C T Corporation System, 1200 South	Pine Island Road		
	P.O. Box NOT acceptable Plantation, Florida 33324			
-	ess of its registered office and the street be identical.			
Such change wa authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no		an officer so	
Signatu	ULL ALLA	Melissa Nolan, Secretary	nd title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent ar to comply with the provisions of all stat my dulles, and I am familiar with and i is document is being filed merely to ref that the corporation has been notified	nd agree to act in this capacity, tutes relative to the proper and accept the obligation of my pos lect a change in the registered o in writing of this change.	complete ition as registered office address d	
By:	poration Bystoro nature of Registered Agent	7/7/2016		7
If signing on be	half of an entity:Kristin Bolden			
	Assistant Secreta	ry	TO T	1917
T,	yped or Printed Name	iri. mag oo + + +	?! 	
	* * * FILING FE	/E.: 335.UU " " "	; 0	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)