

# F07000000947

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000050576 3)))



H170000505763ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

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

Email Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 FEB 22 PM 4:37

**REGISTERED AGENT CHANGE  
BUFORD GOFF & ASSOCIATES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 FEB 22 PM 3:32

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 23 2017  
C McNAIR

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUFORD GOFF & ASSOCIATES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F07000000947

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at ( 888 ) 705-7274

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 FEB 22 PM 4:37

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

1. The name of the corporation: BUFORD GOFF & ASSOCIATES, INC.

2. The principal office address: 1331 ELMWOOD AVENUE SUITE 200 COLUMBIA SC 29201

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/16/2007 Document number: F07000000947

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 Agent Solutions, Inc. 155 Office Plaza Dr., Suite A Tallahassee, FL 32301

P.O. Box NOT acceptable

FILED 17 FEB 22 PM 4: 37 DIVISION OF CORPORATIONS

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: [Handwritten Signature] 2/22/2017

Brian C. Melson President 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: [Handwritten Signature]

02/21/2017 Date

If signing on behalf of an entity:

Justine Karnell - 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