F0700002712

(Re	equestor's Name)	
(Ac	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
,		

Office Use Only



800199474588

03/28/11--01030--019 **35.00



RA Change 5/4/1/



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2011

SOMER HAMMACK PATTERSON POPE, INC. 3001 N. GRAHAM ST. CHARLOTTE, NC 28206

SUBJECT: PATTERSON POPE, INC.

Ref. Number: F07000002742

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Letter Number: 311A00007980

Darlene Connell
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporation	ns		•
SUBJECT:	PATTERSON F Name of C	POPE, INC.	· ·
DOCUMENT NUMBER:	F07	000002742	
The enclosed Statement of Cha	inge of Registered Offic	. e/Agent and fee are submitted	for filing.
Please return all correspondence	e concerning this matter	r to the following:	
		IAMMACK	
	Name of Cor	ntact Person	
		I POPE, INC.	···
	Firm/Co	ompany	
	•		
	3001 NORTH GR		
	Add	ress	
	•		
C	HARLOTTE, NORTI City/State ar	H CAROLINA 28206	
	City/State at	id Zip Code	
	shammack@patte	ersonpope.com	
E-mail add	lress: (to be used for f	uture annual report notifica	tion)
For further information concern	ning this matter, please o	eall:	
SOMER HAI	MMACK	at (704)	716-3960
Name of Contac		at (704) Area Code & Daytime	Telephone Number
Enclosed is a \$35.00 check made	le payable to the Depart	ment of State.	
Amen Divisi P.O. E	g Address: dment Section on of Corporations Box 6327 assee, FL 32314	Street Address: Amendment Section Division of Corpo Clifton Building 2661 Executive C	enter Circle
		Tallahassee, FL 3:	2301

'S'TATEMENT 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: PATTERSON POPE, INC.	
2. The principal office address: 2729 HANSROB ROADORLANDO, FLORIDA 32804	
3. The mailing address (if different): 3001 NORTH GRAHAM STREETCHARLOTTE, NC 28206	
1. Date of incorporation/qualification: 6/01/2007 Document number: F07000002742	_
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)	
CAPITOL CORPORATE SERVICES, INC.	
155 OFFICE PLAZA DR., SUITE # A	
TALLAHASSEE FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
SOMER HAMMACK	į
2729 HANSROB ROAD 8	,
P.O. Box NOT acceptable	
ORLANDO, FLORIDA 32804	
The street address of its registered office and the street address of the business office of its registered agent, is changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director Signature of an officer or director Signature of an officer or director Somer Hammack Printed or typed name and fitte	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	
Signature of Registered Agent 4-28-2011 Date	
f signing on behalf of an entity:	
Somer ttamma cu 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

0. [(222222 2 31)

CR2E045 (8/05)

311 4 00007902