Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE SFI GROUP, INC.

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Corporate Filing Menu

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

statement of cha	nge is submitted	l for a corporation orga	02, 607.1508, or 617.1508, Flortda Statutes, this nized under the laws of the State of <u>North C</u>		
ın orde	er to change its r	egistered office or regist	tered agent, or both, in the State of Florida.		
1. The name of	the corporation:	SFI Group, Inc.			
2. The principal	ncipal office address: 13500-105 NC Hwy 50/210, Surf City, North Carolina 28445				
3. The mailing a	address (if differ	ont):			
4. Date of incorp	poration/qualific	3/24/2008	Document number: F08000001315		
		of the current registered a If resigned, enter resign	agent and registered office on file with the ed)		
	INCORP S	ERVICES, INC.			
	17888 67TH CT. NORTH			(1)	
	LOXAHA	TCHEE FL 33470 U	JS		
6. The name and (if changed):			nt (if changed) and /or registered office		
		oration System	Di di Di di accad		
	1200 Sou		, Plantation, Florida 33324		
		P.O. Box NC	OT acceptable		
The street address changed will	ess of its register be identical.	red office and the street	address of the business office of its registered	l agent,	
Such change wa authorized by th	as authorized by he board, or the	resolution duly adopte	d by its board of directors or by an officer so officed in writing of the change.		
Se sel	45 LM	,	Scott Wheeler, Vice President		
Signatus	es at an officer or dire	clor	Printed or typed name and title		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointmen to comply with t ad I am familiar ing filed merely s been notified it	t as registered agent at he provisions of all stat with and accept the obl to reflect a change in th n writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete perfo ligation of my position as registered agent. Of the registered office address, I hereby confirm t	rmance r, if this that the	
Natil			30th day of December, 2010		
Sig	nature of Registered	Agent .	Date		
if signing on be	half of an entity	•			
Mark William	s, AVP				
<u> </u>	yped or Printed Name			•	
		* * * FILING FI	EE: \$35,00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (9/05)