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REGISTERED AGENT CHANGE GEOPIER FOUNDATION COMPANY, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change its 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: GEOPIER FOUNDATION COMPANY, INC. 2. The principal office address: 130 Harbour Place Drive, #280 Davidson, NC 28036 3. The mailing address (if different): 2500 Northwinds Parkway, Suite 500, Alpharetta, GA 30009 4. Date of incorporation/qualification: 06/23/2008 Document number: FONO0002868 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) COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SUITE 4 TALLAHASSEE, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System CT Corporation System 1200 South Pine Island Road P.O. Box NOT acceptable Plantation, Florida 33324 The street address of its registered office and the street address of the business office of its registered agent acchanged 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. Joe Davis, Vice President Practed of typed name and complete performany of my daties, and I am familiar with and accept the obligation of my position as registered agent. Or, if it document is being filed merely to reflect a change in the registered office address. I hereby confirm that to corporation has been notified in writing of this change.	-	<u>•</u>	0502, 607.1508, or 617.1508, Florida Statut	
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Signature of Registered Agent Date	LIL MACHEN	uture of Registered Agent		
If signing on behalf of an entity:	If signing on bel	nalf of an entity:		
Michele Holden	Michele Holden			
Typed or Printed Name	Ту	ped 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 (04/13)

By;