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DEPASSMENT OF STATE

T. ROLLING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 516924 7918422

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 31, 2013

ORDER TIME : 3:42 PM

ORDER NO. : 516924-023

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: APAC MID-SOUTH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State of	Delaware
		ice or registered agent, or both, in the State of	Florida.
1. The name of	the corporation: APAC MID)-SOUTH, INC.	
2. The principal	office address: 500 River I	Hills Park, Suite 590, Birmingham AL	35242
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 01/29	Document number: F0900	0000465
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file venter resigned)	vith the
	CT Corporation System	n "	
	1200 South Pine Island Road		13 F
	Plantation FL 33324		FILI FB -1 ECRETARY HEAHASS
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered o	
	Corporation Service Co	ompany	09 109
	1201 Hays Street		
P.O. Box NOT acceptable		-	
	Tallahassee, FL 32301	1	_
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of i	ts registered agent,
Such change was authorized by the		uly adopted by its board of directors or by an has been notified in writing of the change.	officer so
are	- News	Deb Reeves, Vice Preside	
Signatu	ire of an officer or director	Printed or typed name and to	ile
I further agree performance of agent. Or, if th hereby confirm	to comply with the provision. Tmy duties, and I am familiar is document is being filed me	ed agent and agree to act in this capacity, s of all statutes relative to the proper and coi r with and accept the obligation of my positio erely to reflect a change in the registered offi en notified in writing of this change.	n as registered
By: Sall	h Warne	January 24, 2013	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Sarah Wrigh	t, Asst. Vice President		
Т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *