

F09000002400

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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RE-SUBMIT

Please retain original filing date of submission 9/10

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

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REGISTERED AGENT CHANGE
ARTISTIC SOUTHERN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

RA/RD Change

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SEP 12 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTISTIC SOUTHERN, INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

David McClellan

Name of Contact Person

Artistic Southern, Inc.

Firm/Company

6025 Shiloh Rd, Suite E

Address

Alpharetta, GA 30005

City/State and Zip Code

cls-statecommunications@wolterskluwer.com

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

For further information concerning this matter, please call:

David McClellan at (770) 888-7333

Name of Contact Person 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

CR2E045 (03/12)



September 11, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARTISTIC SOUTHERN, INC.
6025 SHILOH ROAD SUITE E
ALPHARETTA, GA 30005US

SUBJECT: ARTISTIC SOUTHERN, INC.
REF: F09000002400

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity name and document number do not match.

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) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H14000213013
Letter Number: 314A00019466

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14 SEP 11 AM 1:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE-SUBMIT
Please retain original filing
date of submission 9/10

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

- 1. The name of the corporation: Artistic Southern, Inc.
- 2. The principal office address: 6025 SHILOH ROAD SUITE E ALPHARETTA, GA 30005
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/15/2009 Document number: F09000002400

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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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.

Danijela Byers
 Signature of an officer or director

Danijela Byers, Vice 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.

By: *Ausha Arnold* Asst. Secretary 9/9/2014
 Signature of Registered Agent Date

If signing on behalf of an entity:
Ausha Arnold
 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
 CR2E045 (03/12)