F13000001924

(Requestor's Name)					
(Nequesions Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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ON SERVICE COMPANY				
ACCOUNT NO. : 12000000195				
REFERENCE : 578413 7927113				
AUTHORIZATION: Syncholic Man				
COST LIMIT : \$ 35.00				
ORDER DATE: March 21, 2013				
ORDER TIME : 9:57 AM				
ORDER NO. : 578413-001				
CUSTOMER NO: 7927113				
CHANGE OF AGENT				
NAME: TRIEST AG GROUP, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Susie Knight EXT# 52956				

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the State of	Florida		
1. The name of t	the corporation: TRIEST AG GROUP, IN	C.			
2. The principal	office address: 1101 Industrial Boulevard	d, Greenville, NC 27834			
3. The mailing a	ddress (if different): PO Box 448, Green	ville, NC 27834			
4. Date of incorporation/qualification: 12/22/2010 Document number: P10000102913					
	I street address of the current registered a tment of State: (If resigned, enter resigne	,			
	C T Corporation System	,			
	1200 South Pine Island Road	SEE	200		
	Plantation, FL 33324	17 T			
6. The name and (if changed):	street address of the new registered ager	at (if changed) and /or registered of	fice <u></u>		
	Corporation Service Company				
	1201 Hays Street				
	P.O. Box NOT	acceptable			
	Tallahassee, FL 32301				
The street address changed will	ess of its registered office and the street be identical.	address of the business office of it	s registered agent,		
Such change was authorized by the	as authorized by resolution duly adopted ac board, or the corporation has been no	by its board of directors or by an ified in writing of the change.	officer so		
()	A 0/	Dona Priebe, Vice President			
. •	re of भोर्चामिट्टा or director	Printed or typed name and tit			
agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a sis document is being filed merely to reflect the corporation has been notified in Service Company	ect a change in the registerea offic	aplete i as registered e address, l		
By: 💢	ace C-Kuby nature of Registered Agent	March 21, 2013			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Grace E. Kirby,	Assistant Vice President				
T	yped or Printed Name				

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