## F14000000451

(Reques	tor's Name)
(Address	5)
(Address	5)
(City/Sta	ite/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
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Office Use Only



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15 JAN 16 PH 3: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 21 2015
T. LENNIEUX



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby qkirby3@cscinfo.com

Date: January 14, 2015

Order#: 448093-080

Re: BTI, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florid n organized under the laws of the State o r registered agent, or both, in the State o	f GA	
1. The name of t	the corporation: BTI, INC. OF ALF	PHARETTA, GA		
		akes Parkway, Alpharetta, GA 30004		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 01/24/2014	4 Document number: F1400	0000451	
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the	
	CT Corporation System			
	1200 South Pine Island Road		_	
	Plantation	FL 33324	_	
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered	SECRETAR) TALLAHASSI	<b>1</b>
	Corporation Service Company		TAR IASS	ווי ס) בערבה
	1201 Hays Street		[1] -	ב ב ה
	P.O. I Tallahassee	Box NOT acceptable  FL 32301	- 101. A1S.	ب <u>ب</u> م
771				⊃
as changed will	be identical.	street address of the business office of	its registered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by a seen notified in writing of the change.	n officer so	
	726 2	Dona Priebe	Vice President	
	of an officer or director	Printed or typed name and	title	
I further agree I performance of agent. Or, if thi hereby confirm	to comply with the provisions of a mv duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and co h and accept the obligation of my positi to reflect a change in the registered off tified in writing of this change.	omplete on as registered fice address, I	
By: Dra	ce to Kubi	January 13, 2015		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Grace E. Kirby,	Assistant Vice President			
Ty	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 \* \* \*