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Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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REGISTERED AGENT CHANGE PEACHTREE PROTECTIVE COVERS, INC.

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Georgia	
	r to change its registered office or registe he corporation: PEACHTREE PROTE	red agent, or both, in the State of Florida. ECTIVE COVERS, INC.	
		JONE DO VERD, MO.	_
• •	office address:lale Drive, Hiram, GA 30141		-
			_
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/31/1993	Document number: F93000001586	_
	street address of the current registered ag tragent of State:	ent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	street address of the new registered agen	· · · · · · · · · · · · · · · · · · ·	
	Corporation Service Company	7	Ĺ
	1201 Hays Street		ڊ
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a	address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
Blu	re toucher	Blanca Lozada, Attorney in Fact	
	ire of an officer or director)	(Printed or typed hame and utile)	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statt of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. On Service Company	d agree to act in this capacity, tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
By: S	A Carrier Company	08/09/2010	
	mature of (Egistered Agent)	(Date)	
If signing on be	half of an entity:		
	et, Asst. Vice President		
Γ)	yped or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

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