Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140002504363)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

: (850)878-5368 Fax Number

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

Email Address:_

REGISTERED AGENT CHANGE PEACHTREE PROTECTIVE COVERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	nent Section of Corporations		
Pea SUBJECT:	chtree Protective Covers, Inc.		
5020201	Name of Corpo	ration	
DOCUMENT	F93000001586 NUMBER:		
The enclosed St	atement of Change of Registered Office/Ag	ent and fee are submitted for filing.	
Please return all	correspondence concerning this matter to t	he following:	
	Diana L Curlee		
	Name of Contact	Person	
	Peachtree Protective Covers, Inc.		
	Firm/Compa	ny	700 =
	1477 Rosedale Drive	· ·	
	Address		
	Hiram, GA 30141		- SSE 27
	City/State and Zi	p Code	127 M
	dcurlee@peachtreecovers.com		757
	E-mail address: (to be used for future	annual report notification)	14 OCT 27 AM 10: 07 SECRE VARY IN STATE TALLAH VSSFF FLORIDA
For further info	mation concerning this matter, please call:		
Diana L Curlee	at	770 439-2120	
<u> </u>	lame of Contact Person	Area Code & Daytime Telephone	Number
Enclosed is a \$3	5.00 check made payable to the Departmen	t 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 Circ	ile
	a millioning day a man 17	Tallahassee, FL 32301	

CR2E045 (03/12)

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

statement of ch	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of
	the corporation: Peachtree Protects	or registered agent, or both, in the State of Florida.
2. The principal	office address: 1477 Rosedale Dr	., Hiram, GA 30141
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 03/31/199	Document number: F93000001586
5. The name and		ristered agent and registered office on file with the
	Corporation Service Company	
	1201 Hays Street	7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
	Tallahassec, FL 32301	
6. The name and (if changed):	d street address of the new registe	cred agent (if changed) and/or registered office
	CT Corporation System	5ri -
	c/o C T Corporation System, 1200	South Pine Island Road
		Box NOT acceptable
	Plantation, Florida 33324	
The street addresses changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent,
Such change wa authorized by th	es authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
مركب	enfle Depr	Danijela Byers Vice President
	op of an Officer of Director	Printed or typed name and little
i nereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered a lo comply with the provisions of my duties, and I am familiar wit is document is being filed merel) that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change.
By: ayen	poration System	10/24/2014
•	nature of Registered Agent	Dato
	half of an entity:	
April Ty	withen wy ur ped or Printed Narce	-

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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