F94000000 YUY

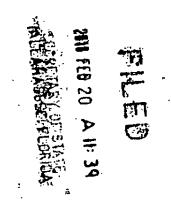
(Requestor's Name)						
(Address)						
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, , , ,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

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To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: February 16, 2018

Order#: 074054-003

Re: HODGES, HARBIN, NEWBERRY & TRIBBLE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive 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 ch	provisions of sections 607 ange is submitted for a cor er to change its registered	poration organized una	ler the l	aws of the Stat	e of GEORGIA	
	-				-	
	the corporation: HODGES				RPORATED	
2. The principal	office address: 3920 ARK	WRIGHT ROAD 101 M	IACON,	, GA 31210		
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 01/	/28/1994 Do	ocument	t number: F94	1000000444	
	d street address of the curre rtment of State: (If resigned		register	red office on fi	le with the	
	NATIONAL REGISTERED AGENTS INC.					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION		FL	33324	- 	
6. The name and (if changed):	I street address of the new	registered agent (if char	nged) ar	nd /or registere	d office	
	Corporation Service Com	npany				
	1201 Hays Street				3	
	Tallahassee	P.O. Box NOT acceptable	۴L	32301		
					2	
The street addre as changed will	ss of its registered office a be identical.	and the street address o	f the bu	isiness office o	of Miregistered agent	
Such change wa authorized by th	s authorized by resolution e board, or the corporation	i duly adopted by its bo n has been notified in w	ard of o	directors or by of the change.	artheticer str.	
_ ant		CLINT L	COUI	RSON,	SECRETARY	
I hereby accept I further agree to performance of lagent. Or, if this hereby confirm t	the appointment as registe the appointment as registe to comply with the provision my duties, and I am famili s document is being filed in that the corporation has b a Service Company	ons of all statutes relati ar with and accept the merely to reflect a chan	act in ive to the obligation of the obligation o	ie proper and i ion of my posi he registered (complete tion as registered	
By: Y	ature of Registered Agent	02/15/	2018	Date		
_	nalf of an entity:			Date		
GRACE E. KIRE	SY, ASST. VICE PRESIDE	ENT				
Ту	ped or Printed Name					

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 * * *