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(((H110000609763)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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an	nual	report	mailin	gs.	Enter	only	one	email	add	res	s bje	ase.	

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REGISTERED AGENT CHANGE THE GORDIAN ASSOCIATES, INC.

Certificate of Status	0		
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Page Count	02		
Estimated Charge	\$35.00		

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

statement of ch	e provisions of sections 60 sange is submitted for a co	rporation organ	ized under the	Laws of the State	of Georgia	his	-
	ler to change its registered	•	•	•	•		
	fthe corporation: The Gore				ASSOC	ates	1
2. The principa	I office address: 140 BRII	DGES ROAD SUI	TE E MAULI	DIN SC 29662 US			
3. The mailing	address (if different):						
4. Date of incom	poration/qualification:	5/10/1994	Docume	nt number:	F9400000)2419	
	d street address of the cur rtment of State: (If resign			ered office on file	with the		
	CORPORATION SERV	ICE COMPANY					
•	1201 HAYS STREET TA	LLAHASSEE FI	. 32301				
					, w. h.	4.2	
6. The name and (if changed):	d street address of the new	registered agent	(if changed)	and /or registered o	office		MAR.
	C T Corporation System						⊕
	c/o C T Corporation Syste	em 1200 South Pir	ne Island Road				79
	do o : cosporador o yan	P.O. Box NOT		*			نن
•	Plantation, Florida 33324				<u> </u>		6 0
The street address as changed will	ess of its registered office be identical.	e and the street ac	ddress of the	business office of	its registere	d agent	ţ,
Such change we authorized by the	as authorized by resolution to board, or the corporati	on duly adopted l on has been noti	by its board of fied in writin	of directors or by a ag of the change.	an officer so		
11/2	main.		B	J Freeman, Attorne	y in Fact		
, -	e of an officer or director			inted or typed name and			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regis to comply with the provis d I am familiar with and ng filed merely to reflect been notifled in writing	tered agent and ions of all stand accept the oblig a change in the of this change.	agree to act to relative to act to ac	in this capacity. the proper and co osition as revistes lice address, I her	omplete perfo red agent. O eby confirm	ormane or, if thi that the	6 8 9
	Cornoration System Maken of Registered Agent			3/8/11 Date			
If signing on bel	half of an entity:						
	Kearney Asst. Secret	ary			•		
-,	•	* FILING FEE	: \$35.00 * *	*			
M/ CR2E045 (8/05)	MAKE CHECKS PA AIL TO: DIVISION OF COR	Yable to Flori Porations, P.O.	IDA DEPARTA BOX 6327, 1	ment of State Callahasseb, FL	. 32314		

F1.006 - 97/23/2009 C T Byslum Oxlins