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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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REGISTERED AGENT CHANGE
NILES BOLTON ASSOCIATES, INC.

Certificate of Status	0
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PP Chgs

1240

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NILES BOLTON ASSOCIATES, INC.
Name of Corporation

DOCUMENT NUMBER: P94000002850

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pat Neeley
Name of Contact Person

Niles Bolton Associates, Inc.
Firm/Company

3000 Peachtree Rd NW, #600
Address

Atlanta, GA 30305
City/State and Zip Code

pneeley@nilesbolton.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pat Neeley at (404) 365-7600 x115
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department 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 Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: NILES BOLTON ASSOCIATES, INC.
2. The principal office address: 3060 PEACHTREE RD., N.W. SUITE 600 ATLANTA GA 30305
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/31/1994 Document number: P94000002850
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC
2731 EXECUTIVE PARK DR, SUITE 4
WESTON FL 33331 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Rebecca J. Bradshaw (signature) — Signature of an officer or director

Rebecca J. Bradshaw Vice President. — Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By (signature) — Signature of Registered Agent

Ternell Kearney Asst. Secretary — Date

If signing on behalf of an entity:

CT Corporation System — Typed or Printed Name

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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