

# F96000004227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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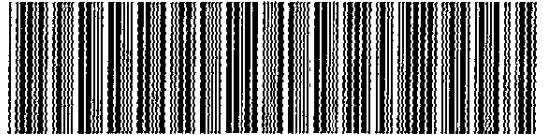
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NATIONAL SERVICE INFORMATION, INC.

[www.nsii.net](http://www.nsii.net)

To whom it may concern:

Please file the enclosed change of agent documents. Please return the stamped received copies to the address provided below:

**NSI**  
**145 Baker Street**  
**Marion, OH 43301**  
**Attn: Travis Pinkstaff**

Should you have any questions please feel free to contact me directly at 800 235 0337 ext. 113.  
Thank you for your time.

Best Regards,

Travis Pinkstaff  
National Service Information

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ATRIA, INC., A DELAWARE CORPORATION

(Name of corporation)

**DOCUMENT NUMBER:** F96000004227

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:

Travis Pinkstaff

(Name of person)

NRAI

(Name of firm/company)

145 Baker Street

(Address)

Marion, OH 43302

(City/state and zip code)

For further information concerning this matter, please call:

Travis Pinkstaff

(Name of person)

at ( 740 ) 387 6806 ext. 113

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ATRIA, INC., A DELAWARE CORPORATION

2. The principal office address: \_\_\_\_\_

501 SOUTH FOURTH AVENUE SUITE 140 LOUISVILLE KY 40202

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/19/1996 Document number: F96000004227

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Carmen Grandneth  
(Signature of an officer or director)

CARMEN GRANDNETH, SR VP  
(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.

NRAI Services, Inc.

by: TRANS TINKSTAFF  
(Signature of Registered Agent)

11/24/03  
(Date)

If signing on behalf of an entity:

TRANS TINKSTAFF  
(Typed or Printed Name)

ASSISTANT SECRETARY  
(Capacity)

\*\*\* 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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