F9600006766

· (Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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12/10/14--01020--014 **35.00

14 DEC 10 AM 9: 12

DEC 16 2014 T. CARTIER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 8, 2014

Order#: 411652-003

Re: DOCTORDIRECTORY.COM, 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: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 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	ange is submitted for a corpord	92, 617.0502, 607.1508, ar 617.150 ation organized under the laws of the e or registered agent, or both, in th	he State of Sou	th Caro	
1. The name of	the corporation: DOCTORDIF	RECTORY.COM, INC.			
2. The principa	office address: One Page Av	enue, Asheville, NC 28801			
3. The mailing	address (if different):				
4. Date of incorporation/qualification: 12/23/1996 Document number: F96000				66	
	d street address of the current r rtment of State: (If resigned, er	egistered agent and registered offic nter resigned)	e on file with th	iè	
	C T Corporation System				
	1200 South Pine Island Road	1		<u>_</u>	Z AT
	Plantation	FL 33324	4	DEC 10	ECRE.
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):					ASSEE.
	Corporation Service Compar	ny		AM 9:	301.1 VIS
	1201 Hays Street			2	AGE ATE
	Tallahassee	P.O. Box NOT acceptable	4		
	Tallanassee	FL 3230 ⁻	<u> </u>		
The street address changed will	ess of its registered office and be identical.	the street address of the business	office of its regi	istered :	agent,
Such change was authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of director is been notified in writing of the c	s or by an office hange.	er so	
12-		Alan Shapiro, CEO			
Signatu	re of an officer or director	Printed or type	d name and title		
agent. Or, ij in hereby confirm	is aucument is veing illea mer	l agent and agree to act in this cap of all statutes relative to the propo with and accept the obligation of n ely to reflect a change in the regis notified in writing of this change.	terea ottice aaa	egistere fress, I	?d
By: Achie	auessex				
	nature of Registered Agent	Đā	t c		
	half of an entity:				
	, Assistant Vice President				
T	ped or Printed Name				

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