F98000001047

		
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M PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	!
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CORPORATE ACCESS, INC. P.O. Box.		nuc . Tallahissec, blottld (1951) 222-2666 ot (1991)	i 32303) 969-1666 - Frix (850) 272-1	566
	PICK UP 1012	9 (i)	÷	
CERTIFIED COPY		CUS	· · · · · · · · · · · · · · · · · · ·	·
Zenoto copy		VILING CV	lange of PA	
Southeast Pestoro	tion, Inc	. dba Af	krdisaster, In	2.
(CORPORATE HAME & DOCUMENT#)				
t.)				, , , , , , , , , , , , , , , , , , , ,
4.) (CORPORATE NAME & DOCUMENT #)				
(COMPORATE NAME & DOCUMENT II)	-			
special instructions	,			

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

	2	7.0502, 607.1508, or 617.1508, Florida Statutes, th	· .
		nder the laws of the State of North Carolina	in order
to change its reg	istered office or registered agent, o	or both, in the State of Florida.	
1. The name of t	he corporation: Southeast Resto	ration, Inc. dba Afterdisaster, Inc.	
2. The principal	office address: 1130 West Vanda	alia Avenue, Greensboro, NC 27406	
·			
3. The mailing a	ddress (if different): P.O. Box 10	393, Greensboro, NC 27404	
4. Date of incorp	poration/qualification: 2/24/1998	Document number: F98000001047	
	street address of the current regist tment of State:	ered agent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		o. SEC
	Plantation, FL 33324		AF 8
	Transacion, FE 00024		729 7407 14537
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	29 AM.
	NRAI Services, Inc.		्रे स्था
	526 E. Park Avenue		
	(P.O Box or	personal mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addrechanged will be	ess of its registered office and the identical.	street address of the business office of its register	ed agent, as
Such change w	as authorized by resolution duly a	adopted by its board of directors or by an officer so writing of the change.	o authorized by
ŕ	1210	Touch (King	May det
	Signature of an officer or director	(Printed or typed name and the	ile)
duties, and I ar being filed mer been notified ir	n familiar with and accept the ob ely to reflect a change in the regi writing of this change.	gent and agree to act in this capacity. all statutes relative to the proper and complete pe ligation of my position as registered agent. Or, if istered office address, I hereby confirm that the co	rformance of my this document is rporation has
NRAI Services by:		1427/2 co 4	1
·	(Signature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
Jackie Sorma	n	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

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