

F98000001047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

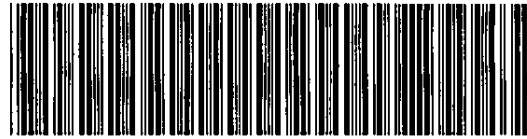
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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14 JAN 15 AM 8:47

SECRETARY OF STATE  
FALL RIVER, MASSACHUSETTS 01930

APPROVED  
AND  
FILED

C. LEWIS

JAN 24 2014

EXAMINER



CORPORATION SERVICE COMPANY

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 13, 2014

Order#: 958004-005

Re: SOUTHEAST RESTORATION, 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: Evelyn Wright  
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

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

- 1. The name of the corporation: AFTERDISASTER, INC.
2. The principal office address: 2606 Phoenix Drive, Suite 810, Greensboro, NC 27406
3. The mailing address (if different): P.O. BOX 10393, Greensboro, NC 27406
4. Date of incorporation/qualification: 02/24/1998 Document number: F98000001047
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.
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):

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
P.O. Box NOT acceptable

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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.

Signature of an officer or director: [Signature]
Printed or typed name and title: Joseph LEE King

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.

By: [Signature] Signature of Registered Agent
Date: 1/10/14

If signing on behalf of an entity:
Jill E. Cilmi, AVP
Typed or Printed Name

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