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(Requestor's Name)		
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(Cir	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(Bı	isiness Entity Name)
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SECRETARY OF SIATE
TALLANIASSEF -1

Come OCT 0 6 2004

CT CORPORATION

October 6, 2004

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 6206982 SO

Customer Reference 1: Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Home Furniture Mart Inc. (GA) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan

Manager Fulfill Ctr

Connie_Bryan@cch-lis.com

660 Fast Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615

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

Pursuant to the provisions of sections 607.0502 , 617	7.0502, 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 registere	d office or registered agent, or both, in the State
of Florida.	0. TAL
1. The name of the corporation: Home Furniture Mart Inc.	·
2. The principal office address:	
114 South Broad Street, Bainbridge, Ga 39817	SSF O
3. The mailing address (if different):	PH S
4. Date of incorporation/qualification: 09/28/1998	Document number: F98000005436
5. The name and street address of the current registered Florida Department of State:	d agent and registered office on file with the
Thomas G P	elham
101 N Monroe S	treet, 1090
Tallahassee, F	71 32301
6. The name and street address of the new registered changed): C T Corporatio	
	
c/o C T Corporat (P.O. Box or personal mailbox	
1200 South Pine Island Road, I	
The street address of its registered office and the street agent, as changed will be identical.	et address of the business office of its registered
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been resolution to the board (Signature of an officer, chairman or vice chairman of the board)	by its board of directors or by an officer so notified in writing of the change. Byod Bellville, Vice President (Printed or typed name and title)
I hereby accept the appointment as registered agent of further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and registered agent. Or, if this document is being filed notice address, I hereby confirm that the corporation	atutes relative to the proper and complete I accept the obligation of my position as nerely to reflect a change in the registered
By: Date W. Morris	10-5-04
(Signature of Registered Agent) If signing on behalf of an entity:	(Date) DALE W. MORRIS ASSISTANT VICE PRESIDENT
(Typed or Printed Name)	(Capacity)

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

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