

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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: (850)878-5926

REGISTERED AGENT CHANGE

J. SMITH LANIER & CO.

Certificate of Status	0
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Corporate Filing Menu

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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, 607.1308, 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 registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: J. Smith Lanier & Co.
2, The principal office address: 300 West Tenth St., West Point, Georgia 31833
3. The mailing address (if different): P O Box 70, West Point, Georgia 31833
4. Date of incorporation/qualification: 10-30-1998 Document number: F98000006039
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
June Lloyd
447 Sudduth Avenue
Panama City, PL 32401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System CAHA
e/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered as changed will be identical.
Such change was authorized by resolution duly ad noted 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.
The E Color CFO FRANK E. PLAN, CFO (Printed or typed name and title)
(Signature or an ornicer or director) 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 om 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: 4 4 4 4 7
(Signature of Register) Agent) Terence Hardley Asst. Secretary
If signing on behalf of an outity:
(Typed or Printed Name) * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)