Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE BEAVEX INCORPORATED

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Electronic Filing Menu

Corporate Filing Menu

2/29/2012

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

_	•	607.1508, or 617.1508, Florida Statutes, this	\$	•
	nge is submitted for a corporation organiza r to change its registered office or registera	ed under the laws of the State of Delaware	——	
1. The name of the	he corporation: BEAVEX INCORPOR	ATED		
	office address: 375 Northside Parkway			
Northereck	Bldg. 200, Ste 300, Atlanta, GA 3032	27		
3. The mailing ad	ddress (if different):			
4. Date of incorpo	oration/qualification: 4/12/1999	Document number: F99000001904		
5. The name and Florida Depart	street address of the current registered age tment of State:	ent and registered office on file with the		
	CT Corporation System			
	1200 South Pine Island Road			
_	Plantation Fl 48083			2 FE
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	1000年 1000年 1000年	5 5 5 E
	Corporation Service Company		in the	E S
	1201 Hays Street			O
•	(P.O. Box NOT acceptable)		JOHN Salph Lad	යා
-	Tallahassee, FL 32301			
The street address as changed will be	ss of its registered office and the street ad be identical.	ddress of the business office of its registered	l agent,	
Such change was authorized by the	s authorized by resolution duly adopted be board, or the corporation has been notif	by its board of directors or by an officer so fied in writing of the change.		
Ma	uren Cethell	Maurcen Cathell, Vice President		
	e of an officer or director)	(Printed or typed name and title)		
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered agent and a comply with the provisions of all statute I am familiar with and accept the obliging filed merely to reflect a change in the I been notified in writing of this change.	agree to act in this capacity, es relative to the proper and complete perfo ation of my position as registered agent. O registered office address, I hereby confirm t	rmance r, if this that the	•
By: Dre	n Service Company	February 27, 2012		
	nature of Registered Agent)	(Date)		
If signing on beh	nalf of an entity:			
	, Assistant Vice President			
(Ty	rped 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)