Division of Corporations Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

PROPERTY ADVISORS, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mge is submitted for a corporation organized under the laws of the State of FLORIDA	
	r to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: PROPERTY ADVISORS, INC.	_
2. The principal	uffice address: 2970 CLAIRMONT RD NE SUITE 180 ATLANTA GA 30329	-
3. The mailing a	ddress (if different):	-
4. Date of incorp	poration/qualification: 6/30/1983 Document number: G46927	-
	street address of the current registered agent and registered office on file with the truent of State:	
	ANDREW SERVICE CORPORATION OF PLORIDA	כ
	201 N. FRANKLIN STREET, SUITE 2100	
	TAMPA FL 33602	DIVISION OF CO.
6. The name and (if changed):	201 N. FRANKLIN STREET, SUITE 2100 TAMPA FL 33602 Street address of the new registered agent (if changed) and /or registered office CT Corporation System C/o CT Corporation System 1200 South Pipe Island Road	J. C. D
	C T Corporation System	
	c/o CT Corporation System, 1200 South Pine Island Road	
	(P.O. Sox NOT acceptable)	
	Plantation, Florida 33324	
The street address as changed will i	is of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so a board or the corporation has been notified in writing of the change.	
1/	5. Stephen VASEN PRESIDENT	<u>_</u>
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
By: \ No	T Corporation System 3-25-09 Mure of Magain Again (Date)	
If signing on beh	affof an entity:	
	nna Cuddihy	
	saistant Secretary	
	* * * Filing Fee: 535.00 * * *	

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

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