

Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

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: (850)222-9428

REGISTERED AGENT CHANGE

IDA OF NORTH CAROLINA, LLC

| Certificate of Status | 0 |
|-----------------------|-----------------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | (\$2.6%) |
| | 4.0 |

12500

COMORNIA FILLING

MAY-03-2004 13:30 CT CORPORATION

INHS18(10/99)

P.02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| liability company submits agent, or both, in the State | ns of sections 608.416 or 608.50 s the following statement in order e of Florida. | to change its registe | the undersigned limited cred office or registered | |
|---|---|---|--|--|
| 1. The name of the limite | ed liability company is: IDA of N | orth Carolina, LLC | | |
| 2. The mailing address of | f the limited liability company is: | 1855 Satellite Blvd | i, Suite 500 | |
| Duluth, GA 30097 | | | | |
| May 15, 2003 | | L03000017671 | | |
| 3. Date of filing/registrati | ion in Flo r ida | Florida 4. Document number | | |
| 5. The name of the registe Florida Department of | | address as shown on | the records of the | |
| | CT Corporation System | | | |
| | Name 1200 South Pine Island Road | | | |
| Address | | ₹,, | | |
| Plantation, FL 33324 | | ECRETA SECRETA | | |
| | City, State and Z | ip | | |
| 6. The name and address | of the new registered agent and/or | office: | F III | |
| | Larry W. Pearson | | | |
| | 1845 N Hwy A1A, #702 | | | |
| | Florida street address (P.O. Box | NOT acceptable) | | |
| | Indiatiantic FL 3290 | | 0 | |
| | City, Stare and Zip | • | | |
| confirmed that after the cl and the business office of liability company, it is her the members of the limits | npany is not organized under the la hange or changes are made, the Flo the registered agent will be identic teby confirmed that the change(s) we d liability company or as otherwise of the limited liability company. | wide street address of | the registered office | |
| 11000 | | | | |
| (Signature of a prember or authori | ized representative of a member) | | | |
| Larry W. Pearson | | | | |
| (Printed of typed name of signer) | | | | |
| I hereby accept the appoint comply with the provision and I am familiar with and Chapter 508, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) | intment as registered agent and ages sof all statutes relative to the proper discount the obligations of my positive to document is being filed to mere that the limited liability company that | ree to act in this capa ser and complete perj ition as registered ago ly reflect a change in has been notified in w | city. I further agree to formance of my duties, ent as provided for in the registered office writing of this change. | |
| , | n of Corporations, P.O. Box 632; | 7 Tallabassas EF 9 | 17714 | |
| | war on har annual L.O. DOI 032. | /, IEHBHESSEC, FL 3 | 14314 | |

FILING FEE: \$25.00

TOTAL P.02