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To:			
	Division of C	orporations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
	Account Numbe	r : 120100000062	2.00 <u>no</u>
	Phone	: (888)705-7274	2917 33 to 34 to
	Fax Number	: (888)706-7274	
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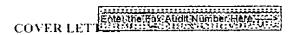
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TO: Registration Section Division of Corporations

SUBJECT: TURNER FURNITURE OF PENSACOLA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo	4
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	다
Austin, TX 78744	
City/State and Zip Code	
notices@rasi.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	lease call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
IN(1818 (2/14)	

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Printed or typed name of signee

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)				(b)			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b) Mailing address of lin (Note: MAY BE F	mited liability company: POST OFFICE BOX)		
	317 INDUSTRIAL BLVD			317 INDUSTRIAL BLVD			
	THOMASVILLE, GA	31792		THOMASVILLE, G	A 3179	92	
	07/08/2003			L03000024683			
3.	Date of filing/registration in F	lorida	4.	Document numb	er		
5. (a))						
	Registered Agent and Registered Office shown	on the records of	the Flori	da Dept-of State			
	NRAI SERVICES, INC				77.00		
	Registered Office Address (MUNT BE FLO	RIDA STREET.	4DDRE.	<u>N.S.)</u>	2017 S.E.E. A.C.E.		
	1200 SOUTH PINE ISLAND RO	AD			An (a		
	PLANTATION, FL 33324				ASS		
					₩ <u>~</u>		
(b)					בי כ	ا ا ا	
()	Enter name of NEW Registered Agent and/or	NEW Registered	Office:	address.	第四 原	`-	
	Registered Agent Solutions, Inc	i.			हुँ । (1 अर्थ -		
	NEW Registered Office Address:			· 			
	155 Office Plaza Dr., Suite A						
	Tallahassee	FI	3230	1			
the ch agent was/w	limited liability company is not organize ange or changes are made, the Florida st will be identical. Or, in the case of a Florere authorized by an affirmative vote of ticles of organization or the operating ag	d under the la- reet address of orida limited li- the members of	ws of the republic the republic to the republic to the left to the	ne State of Florida, it is hereby gistered office and the busines company, it is hereby confirm mited liability company or as	s office of the regis ed that the change(:	tere s)	
.,,, (11)				ussell Turner	President		

Signature of a member according to presentative of a member 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in springs of this change.

Justine Karnell gistered Agent Assistant Secretary Signature of H

> Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00