

L090VV041877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500167302075

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 FEB 18 AM 10:41
FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR
FEB 18 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 18 PM 12:36



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 287631 7468825

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 18 PM 12:36

ORDER DATE : February 17, 2010

ORDER TIME : 9:30 AM

ORDER NO. : 287631-125

CUSTOMER NO: 7468825

CHANGE OF AGENT

NAME: RELIANCE-SCOTT CARVER IIC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: RELIANCE-SCOTT CARVER LLC, LLC

2. (a) Principal office address of limited liability company: 20 Battery Park Avenue, Suite 305
(Note: **MUST BE STREET ADDRESS**) Asheville, NC 28801

(b) Mailing address of limited liability company: 20 Battery Park Avenue, Suite 305
(Note: **MAY BE POST OFFICE BOX**) Asheville, NC 28801

04/30/2009

L09000041877

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Robert O. Jackson

Registered Office Address: 805 East Broward Boulevard
Suite 200
Fort Lauderdale, FL 33301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Blanca Lozada
(Signature of a member or authorized representative of a member)

Blanca Lozada, Authorized Person
(Printed or typed name of signer)

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 608, 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 writing of this change.

By: Grace E. Kirby
(Signature of Registered Agent) Grace E. Kirby, Assistant VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00