

00000034

ACCOUNT NO. :

072100000032

REFERENCE :

221782

AUTHORIZATION

COST LIMIT

ORDER DATE : July 13, 2001

ORDER TIME : 9:15 AM

ORDER NO. : 221782-045

CUSTOMER NO:

7157239

CUSTOMER: Ms. Vicky Manus

Wood Partners Llc

Suite 150

1110 Northchase Pkwy Marietta, GA 30067

CHANGE OF AGENT

NAME:

ALTA GATE, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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. The name of the limite	ed liability company	is: ALTA GAT	E, L.L.C.		
2. The mailing address of					
1110 N. Chase Parl					
02/13/2001 M01000000347					
3. Date of filing/registrati	on in Florida	-	4. Document number	er	
5. The name of the registe Florida Department of S	red agent and the reg State:	gistered office	address as shown on	the records of the	
	I	GAL KNOBLER			-
		Name			
	300 GAR	FIELD AVE S	UITE B		- · ·
		Address			
	WINTER Cit	y, State and Z	2789	<u>- 11</u>	<u></u>
6. The name and address of the new registered agent and/or office:					
o. The name and address of	in the new registered	agent and/or of	office:		•
	Corporati	on Service	Company		.± =
•		Name		. 16 TARY ASSEI	77 >
_		Hays Street			m=
	Florida street addre	ess (P.O. Box l	NOT acceptable)	PM I2: 43 COF STATE EE: FLORIOA	
	m- 7 7 - 1			9R	
-	Tallahassee	FL State and Zip	32301	ANDA NDA	10 10
~~		-			
If the limited liability comp confirmed that after the cha and the business office of t liability company, it is here the members of the limited the operating agreement of	pany is not organized ange or changes are in the registered agent with by confirmed that the liability company or the limited liability	I under the law made, the Flor vill be identica the change(s) we as otherwise company.	vs of the State of Flori ida street address of the case of a l. Or, in the case of a as/were authorized by provided in the article	da, it is hereby ne registered office Florida limited an affirmative vote of s of organization or	•
(Signalure of a member or authorize	ed representative of a memi	ber)			
Warren J. Durk	in To	·			
(i finited of typed fiamle of signee)			•	•	· :
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the confirmation of the confir	tment as registered a of all statutes relativ accept the obligation is document is being hat the limited liabili	igent and agre ve to the prope ns of my positi filed to merel ty company hi	e to act in this capaci r and complete perfor on as registered agen v reflect a change in t is been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.	
(Signature of Registered Agent)	(<i>Debor</i>	ah D. Skipper t. Secretary			

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

INHS18(10/99)

FILING FEE: \$25.00