M97000000330

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
	ty/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



000044512090

2005 JAN 19 PM 1: 49
2005 JAN 19 PM 1: 49
2019 OF CORPORATIONS
2019 AHASSEE, FLORIDA



JAN 1 9 2005.



ACCOUNT NO. : 072100000032

REFERENCE : 125189

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 5, 2005 -

ORDER TIME : 10:20 AM

ORDER NO. : 125189-035

CUSTOMER NO: 7225405

CUSTOMER: Laura Maxson

Ferguson Enterprises, Inc.

12500 Jefferson Ave

Newport News, VA 23602

CHANGE OF AGENT

NAME:

THE PARNELL-MARTIN COMPANIES

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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.

agent, or boin, in the state	oj rioriaa.			
1. The name of the limited	liability company is	THE PARNI	ELL-MARTIN COMPA	ANIES LLC
2. The mailing address of t	he limited liability o	ompany is:	1315 North Grah	am Street
Charlotte, NC 28206	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
06/06/1997			м97000000330	
3. Date of filing/registration	n in Florida	. •	4. Document num	nber
5. The name of the registers Florida Department of St		stered office	address as shown o	n the records of the
	C T Cor	porațion S	ystem	-
_		Name		무 ~
	1200 gouti	h Pi <u>ne</u> Isla	and Poad	A S
-	1200 5046	Address	ina itoaa,	
				至至二
-		tion, FL 3		AST 19 L
	City	, State and Z	ıþ	FILE D JAN 19 PM LAHASSEE
6. The name and address of	the new registered a	agent and/or	office:	
_	Corporatio	n Service	Company	FILE (1) 2005 JAN 19 PM 1:50 2005 JAN 0F CORPORATION TALLAHASSEE, FLORED
		Name		DE S
_	1201	Hays_Stree	<u>t</u> z	
	Florida street addres	ss (P.O. Box	NOT acceptable)	
_	Tallahassee	FL	32301	
	City,	State and Zip)	
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorize	inge or changes are r he registered agent w by confirmed that th liability company or	made, the Flo vill be identic e change(s) v as otherwise company.	rida street address or al. Or, in the case of was/were authorized	of the registered office of a Florida limited I by an affirmative vote of
-1 1 11	v. 6 . 1	1		
(Printed or typed name of signee) of Sole Member, Parne	Vice Preside			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 108, F.S. Or, if the address I havely confirm to	tment as registered of all statutes relative accept the obligation is desired by the limited light	agent and agive to the property of my post of filed to mere	ree to act in this caper and complete perition as registered action as reflect a change	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office

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

FILING FEE: \$25.00