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DIVISION OF CORFORATION
2010 OCT -8 PM 1: 1:

B. KOHR

OCT - 8 2010

EXAMINER

10 OCT -8 M 2:45



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE :

7226785

AUTHORIZATION (

COST LIMIT

ORDER DATE: October 1, 2010

ORDER TIME : 12:54 PM

ORDER NO. : 528504-020

CUSTOMER NO: 7226785

CHANGE OF AGENT

NAME: E.L. THOMPSON ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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: E. L. THOM	IPSON ASSOCIATES, LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 2255 Cumberland Parkway Suite 1950 Atlanta, GA 30339	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2255 Cumberland Parkway Suite 1950 Atlanta, GA 30339	
07/14/1998	M98000000777	
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:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address: 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 that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) Blanca Lozada, Authorized Person	t address of the registered office and the husiness	
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified Comporation Service Company By:	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.	
(Signature of Registered Agent) Sylvia Queppet, Asst. VP		

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