

	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	MBER(S), (if known):
1. Corporation Name)	Document #)
Corporation Name)	Document#)
(Corporation Name)	Document #)
Walk in Pick up time Mail out Will wait Photo	
Profit Ame Not for Profit Resi Limited Liability	endment gnation of R.A., Officer/Director nge of Registered Agent olution/Withdrawal ger
☐ Annual Report ☐ Fore ☐ Fictitious Name ☐ Limi ☐ Rein	ted Partnership statement emark

CR2E031(7/97)

Examiner's Initials

OBE

1100 PEACHTREE STREET		
	(Mailing Address)	
ATLANTA, GA 30309	<u></u>	
(City/ State /Zip)		

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Signature of the chairman or vice chairman of the board, president, or any officer.

JOAQUIN R. CARBONELL

VICE PRESIDENT

Title

9/30/00

Typed or printed name

Date