P02297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R.A.

DEC - 4 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S. M. Dix Associates, INC.
Name of Corporation

DOCUMENT NUMBER: P02297

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judy Campbell
Name of Contact Person

S. M. Dix Associates, INC
Firm/Company

13351 Ginger Lily Ct.
Address

N. Ft. Myers FL 33903
City/State and Zip Code

JLC Quilter @ sbc global. NeT
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Campbell at (616) 813-7671
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2012

JUDY CAMPBELL
S.M. DIX & ASSOCIATES, INC.
1331 GINGER LILY CT
N FORT MYERS, FL 33903

SUBJECT: S.M. DIX & ASSOCIATES, INC.
Ref. Number: P02297

We have received your document for S.M. DIX & ASSOCIATES, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

Letter Number: 612A00027089

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: S. M. Dixt Associates, FNC.
2. The principal office address: 9220 28th Street SE
   Ada, MI 49301-9372
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/06/1984 Document number: P02297
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   CT Corporation System
   1200 S. Pine Island Road
   Plantation, FL 33324 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Judy Campbell
   13351 Ginger Lily CT.
   P.O. Box NOT acceptable
   N. Ft. Myers, FL 33903

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Judy Campbell
Signature of Registered Agent

11/01/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)