Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

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: C T CORPORATION SYSTEM

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE REALHOME SERVICES AND SOLUTIONS, INC.

Certificate of Status	
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MAR 26 2010

EXAMINER

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

statement of change is subm.	itted for a corporation or	0502, 607.1508, or 617.1508, Flo ganized under the laws of the Stat ———————————————————————————————————	e of Florida
	DRAI ECM	gistered agent, or both, in the State E SERVICES AND SOLUTIONS,	
1. The name of the corporation:			
2. The principal office address: 2015 VAUGHN ROAD, BLDG 400, KENNESAW GA 30144			
3. The mailing address (if di	(ferent):		
4. Date of incorporation/qua	ification: 9/3/200	8 Document number:	P08000081336
5. The name and street addre Florida Department of Sta		ed agent and registered office on fi gred)	le with the
CORPORA	TION SERVICE COMPA	NY	·
1201 HAYS	STREET		
TALLAHA	SSEE FL 32301-2525 US		
6. The name and street addre (if changed):	ss of the new registered a	agent (if changed) and /or registere	ad office
C T Corpore	ation System		
c/o C T Con	poration System, 1200 Sou	th Pine Island Road	
		NOT ecceptable	
Plantation, I	Plorida 33324		
The street address of its reg as changed will be identical	istered office and the str	eet address of the business office	of its registered agent,
Such change was purhorized authorized by the board or	i by resolution duly ado the comogation has been	pted by its board of directors or it notified in writing of the change	oy an officer so e.
/// ///		DOUGLAS A, PARK	SECRETARY
Signapor an officer of		Printed of typed name	
I hereby accept the appoint I further agree to comply of of my duties, and I am fami document is being filed mer corporation has been notifu	Ment as registered agent ith the provisions of all i liar with and accept the ely to reflect a change to ed in writing of this char	t and agree to act in this capacity statutes relative to the proper an obligation of my position as regi n the registered office address, I nge.	v. d complete performance stered agent. Or, if this hereby confirm that the
By: Callera O	Burke	MARCH 13	
Signature of Region	rud Agent	Deux	
If signing on behalf of an er	ntify: Berbara A. Burko Special Assistant Secretary	!	·
Typed or Printed !			
	* * * FILING	FEE: \$35.00 * * *	

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

PL086 - 07/21/2009 CT System Online

CR2E045 (8/05)