Fax Server

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 12000000195 : (850)521-1000 Phone Fax Number : (850)558-1575

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

Email Address:



REGISTERED AGENT CHANGE ESI, INC. OF TENNESSEE

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Estimated Charge	\$35.00

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Corporate Filing Menu

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Fax Server

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

		17.0502, 607.1508, or 617.1508, Florida Statutes, this
		organized under the laws of the State of Tennessee registered agent, or both, in the State of Florida.
	the corporation: ESI, INC. OF T	· ·
1. The name of	ine corporation:	vd., Kennesaw, GA 30144-3620
2. The principal	office address: 1230 Roberts Dr	vd., Remiesaw, OA 30144-3020
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 02/22/198	9 Document number: P23106
	d street address of the current regist rtment of State:	tered agent and registered office on file with the
	CT Corporation System	
	1200 S. Pine Island Road	TEB 7
	Plantation, FL 33324 US	
6. The name and (if changed):	d street address of the new registers	ed agent (if changed) and /or registered office
	Corporation Service Compan	y <u> </u>
	1201 Hays Street	~**
	(P.O. Box NOT ac	xeptable)
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the i be identical.	street address of the business office of its registered agent,
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
Des	ure of an officer of director)	Blanca Lozada, Attorney In Fact (Printed or typed name and title)
I hereby accept I further agree of my duties, ar document is be corporation ha	· · · · · · · · · · · · · · · · · · ·	tent and agree to act in this capacity all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ie in the registered office address, I hereby confirm that the
By: Sin Cura		02/12/2010
(XSI	gnature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
Sylvia Quepp		_
(Typed or Printed Name)	NC DEE. 225 00 * * *