P26 -	150		
(Requestor's Name) (Address) (Address)	200301343892		
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TO: Amendment Section **Division of Corporations**

SUBJECT: WORTHING SOUTHEAST MANAGER, INC.

Name of Corporation

P26754 **DOCUMENT NUMBER:**

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:

	Name of Contact Person
Regist	ered Agent Solutions, Inc.
	Firm/Company
1701 D	irectors Blvd, Ste 300
	Address
Austin	, TX 78744
<u></u>	City/State and Zip Code
notices	@rasi.com

For further information concerning this matter, please call:

MARGOT MULLIN

Name of Contact Person

888 705-7274 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 Tailahassee, FL 32301

CR2E045 (03/12)

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 GEORGIA__________ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of t	he corporation:	NORTHING SOUT	HEAST MANAGER	, INC.		
2. The principal	office address:	909 PEACHTREE	DUNWOODY ROAD	SUITE 400)	
ATLANTA	<u> </u>	GA	303028			
3. The mailing a	ddress (if differe	nt):				
4. Date of incorp	ooration/qualifica	ntion: <u>11/06/1989</u>	Document number:	P26754		
		f the current registered a If resigned, enter resigne	gent and registered office add	on file with the		
	CT CORPO	RATION SYSTEM				
	1200 S. PINE PLANTATIOI	E ISLAND ROAD N, FL 33324			17 JUL	ור
6. The name and (if changed):	street address o	the new registered ager	nt (if changed) and /or regi	stered office	HA BI	ILED
	Registered	Agent Solutions, I	Inc.	LOR	ु ≥_2	
	155 Office F	Plaza Dr., Suite A		<u>p</u>	: 6	
	Tallahassee	P.O. Box NOT e, FL 32301	acceptable			

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, of the corporation has been notified in writing of the change.

Signature of an officer or director	STEVE INGRAM Printed or typed name an	MEMBER, EVP
I hereby accept the appointment as registered agent of I further agree to comply with the provisions of all st performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to re hereby confirm that the corporation has been notified		complete tion as registered ffice address, I
Signature of Registered Agent	04/04/2017 Date	<u></u>
If signing on behave of an entity:		

Justine Karnell - Assistant Secretary

Typed or Printed Name

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