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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (1850)1617/56380(2)

From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone Fax Number : (770)777-2091 : (770)220-1943

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

Emsil Address: RPatel@largeandgilbert.com

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REGISTERED AGENT CHANGE ROCKDALE PIPELINE, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

(((H 13660229073 5))) 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 Statement of change is submitted for a corporation organized under the laws of the State of Gen in order to change its registered office or registered agent, or both, in the State of Flor	orgia
1. The name of the corporation: Rockdale Pipeline, Inc.	<u>-</u>
2. The principal office address; 1925 OLD COVINGTON HIGHWAY CONYERS, GA 30013	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/13/1991 Document number: P35075	
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the
CT CORPORATION SYSTEM	್ ಪ
1200 S. PINE ISLAND ROAD	
PLANTATION, FL 33324	20 D
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	\$ 5:00 \$ 5:00
NRAI Services, Inc.	
1200 S. PINE ISLAND ROAD	
PLANTATION, FL 33324	•
The street address of its registered office and the street address of the business office of its reas changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	icer so
Signature of part of the control of Shidey R. Codey	Secretary
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 comple performance of my duties, and I am familiar with and accept the obligation of my position as agent. Or, if this document is being filed merely to reflect a change in the registered office of hereby confirm that the corporation has been notified in writing of this change.	s registerea
Signapare of Registered Agent 10/12/2013	
Esigning on behalf of an entity:	
Kristen Rahm, Asst Secretary to NRAI	
* * * 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)

(((+13000229673 3)))