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R. WHITE

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ACCOUNT NO. : 12000000195

REFERENCE : 642141

7691752

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: May 8, 2013

ORDER TIME : 3:05 PM

ORDER NO. : 642141-035

CUSTOMER NO: 7691752

CHANGE OF AGENT

NAME: HOR

HORIZON CONSTRUCTION

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

	• •	2502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Georgia	
		istered agent, or both, in the State of Florida.	
1. The name of	f the corporation: HORIZON CONSTRU	JCTION COMPANY	
2. The principa	al office address: 415-B WINKLER DRIV	VE, ALPHARETTA, GA 30004	

3. The mailing	address (if different):		
4. Date of incom	orporation/qualification: 01-21-1992	Document number: P37235	<u> </u>
	nd street address of the current registere artment of State: (If resigned, enter resigned	d agent and registered office on file with the gned)	
	MARC A. MICHAM		
	709 LINCOLN AVENUE		
	LEESBURG, FL 34748		
6. The name an (if changed):	-	gent (if changed) and /or registered office	
	Corporation Service Company		T
	1201 Hays Street	SSE - H	
		iOT acceptable	Ö
	Tallahassee, FL 32301		
The street addr as changed wil	ress of its registered office and the stre	et address of the business office of its registeragement	
Such change wanthorized by	vas authorized by resolution duly adopt the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
		WADE J. WHITE, VICE PRESIDENT	
I hereby accep I further agree performance o agent. Or, if the hereby confirm	of the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all stop my duties, and I am familiar with and his document is being filed merely to ruthat the corporation has been notified on Service Company	Printed or typed name and title and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered eflect a change in the registered office address, I d in writing of this change.	
By.	&KA	64-13	
	ignature of Registered Agent	Date -	
If signing on be	ehalf of @igetig: Knight		
	Assistant Vice President		
	Typed or Printed Name		

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