

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Duning a Carity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000320518150

11/09/18--01016--024 **35.00

ECRETARY OF STATE TALLAHASSEE, FL



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kelsey Eulert kelsey.eulert@cscglobal.com

Date: November 7, 2018

Order#: 459835-132

Re: MEINEKE REALTY, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Kelsey Eulert c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florido organized under the laws of the State of registered agent, or both, in the State of	r <u>NC</u>	-
1. The name of t	the corporation: MEINEKE REALT	Y, INC.	<u>.</u>	
	office address:	RLOTTE NC 28202		
-	nddress (if different): TH CHURCH ST., SUITE 900, CH	ARLOTTE, NC 28202		
4. Date of incorp	poration/qualification: 05/15/1992	Document number: P38900	0	
5. The name and		ered agent and registered office on file v		
	NRAI SERVICES, INC		_	
	1200 SOUTH PINE ISLAND ROA	AD	201 SEI T)	
	Plantation	FL 33324	SECRETAINON	
6. The name and (if changed):	I street address of the new registere	new registered agent (if changed) and /or registered		
	Corporation Service Company		다. 2 의 [편]	
	1201 Hays Street		- M ω	
	Tallahassee	ox NOT acceptable FL 32301	_	
The street addreas changed will	ess of its registered office and the sbe identical.	street address of the business office of	its registered age	nt.
Such change wa authorized by th		dopted by its board of directors or by ar en notified in writing of the change.		
<u> </u>	Coni	Jill Cilmi, Vice President		_
	re of an officer or director	Printed or typed name and t	itle	
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of al my duties, and I am familiar with	•	m as registered –	
By: Drace	a C-Kubu	11/07/2018		-
If signing on be	half of an entity:			
	Assistant Vice President			
Tr.	and the Deintard Nome			

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