P40740

| (Re | questor's Name) | |
|---------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Add | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| . PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Name | е) |
| (Do | cument Number) | ··· |
| Certified Copies | Certificates of | of Status |
| Special instructions to F | Filing Officer. | |
| , | | |
| | | |
| | | |

Office Use Only



100065663181

02/13/06--01069--024 **35.00

OG FEB 13 PM 1:27

gy RA

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

February 8, 2006

RE: Forward Development, Inc.

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Maggie Ferdinand - maggie@paranetlegal.com

Paranet Job No. 06-02-0099

Please file/submit the following on behalf of the above:

Change of Agent Application for each of the above
 Check No. (252) Amount \$35.00

After filing return evidence by:

- Fax (800) 277-9977 1.
- 2. Mail in self address, stamped envelope

If you have any questions, please call me using our toll free number (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

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

| | | 02, 617.0502, 607.1508, or 617.1508, Florida Statutes, the | • | |
|---|---|--|------------------------|------------|
| - | | ged under the laws of the State of North Carolina gent, or both, in the State of Florida. | in order | sure? |
| | | • | | |
| | the corporation: Forward De | | | si e |
| 2. The principal | office address: 128 South T | ryon Street, Suite 900, Charlotte, NC 28202 | | |
| | | <u> </u> | , | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 9/21/1 | 992 Document number: P40740 | | - <u> </u> |
| | d street address of the current rtment of State: | registered agent and registered office on file with the | | |
| | CT Corporation System | <u> </u> | | |
| | 1200 South Pine Island Re | oad | OS TĂĻ | |
| | Plantation, FL 33324 | | | 11 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | ARY OF | i m |
| | NRAI Services, Inc. | | I:27 STATE LORID | O |
| | 2731 Executive Park Di | rive, Suite 4 | DA | |
| | (P.O. F | Sox or personal mailbox NOT acceptable) | | |
| | Weston, FL 33331 | the state of the s | • | 72 : |
| The street addr | ess of its registered office an | d the street address of the business office of its registere | ed agent, as | |
| Such change w the board, or th | as authorized by resolution of e corporation has been notifi | luly adopted by its board of directors or by an officer so ed in writing of the change. | authorized by | |
| | Signature of an officer or director) | Ted P. Pearce, Vice President (Printed or typed name and title | FEB 0 1 2 | 2006 |
| I haraby accers | t the appointment as register, to comply with the provision in familiar with and accept the ly to reflect a change in the writing of this change. | ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete per, e obligation of my position as registered agent. Or, if t registered office address, I hereby confirm that the cor | | |
| by: | Floringed | 2.8.06 | | |
| 70. | (Signature of Registered Agent) | (Date) | · | |
| <i>5</i> 6 | ehalf of an entity: | | | |
| Maggie Ferdi | nand (Typed or Printed Name) | Assist. Secy. (Capacity) | <u> </u> | |
| | | | | |

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