P92000007428

(Requi	estor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/S	tate/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Docur	ment Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filin	ng Officer:		
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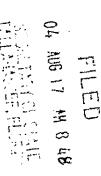
Office Use Only



100039777571

08/17/04--01023--004 **35.00

RACharse T. Lewis





August 12, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118.

Sincerely,

Traci Smith Corporate Specialist

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: S.A. Kennedy, Inc. (Name of corporation)
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:
Traci Smith (Name of person)
National Service Information, Inc. (Name of firm/company)
145 Baker Street (Address)
Marion, OH 43302 (City/state and zip code)
For further information concerning this matter, please call:
Traci Smith at (740) 387-6806 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 60 change is submitted for a corporation organized under the la	•	•
to change its registered office or registered agent, or both, in the	·	in oraci
The name of the corporation: S.A. Kennedy, Inc.		
2. The principal office address: 4255 Trotters Way, Suite 1, Alphare	etta, Georgia 30004	
3. The mailing address (if different): 4255 Trotters Way, Suite 1, A	Alpharetta, Georgia 30004	 .
4. Date of incorporation/qualification: November 25, 1992	Document number: f	92000007428
5. The name and street address of the current registered agent Florida Department of State:	and registered office on file with	the
C T Corporation System		
1200 South Pine Island Road		0
Plantation, Florida 33324		TEG TO
6. The name and street address of the new registered agent (if (if changed):	changed) and /or registered office	動物で
NRAI Services, Inc.		- 70
526 E. Park Avenue		高三 6
(P.O. Box or personal mailbo.	NOT acceptable)	
Tallahasse, Florida 32301		
The street address of its registered office and the street addrehanged will be identical.	ess of the business office of its r	egistered agent, as
Such change was authorized by resolution duly adopted by the board, or the corporation has been notified in writing of	its board of directors or by an of the change.	ficer so authorized by
- the	Storie Ken	sed lux
(Signature of an officer or director) I hereby accept the appointment as registered agent and agr I further agree to comply with the provisions of all statutes to duties, and I am familiar with and accept the obligation of n being filed merely to reflect a change in the registered offi been notified in writing of this change.	(Printed or typed name of typed name) The to act in this capacity. The to the proper and complete of the proper and the proper an	lete performance of my Or, if this document is
by: Trains timboff	8/2/04	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		÷-
Travis Pinkstaff (Typed or Printed Name)	Assistant Se	

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