## Florida Department of State Division of Corporations Public Access System

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Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926 5 NOV 18 PM 2: 04

## REGISTERED AGENT CHANGE

CCS/BAY COUNTY, INC.

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\Sigma$	lorida	<u>'</u>	
<del></del>	er to change its registered office or registered agent, or both, in the State of Flo	oriaa.		
	the corporation: CCS/Bay County, Inc.			
2. The principal	1 office address: 3401 West End Ave.,#400, Nashville, TN 37203-6865			
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: 03/25/1997 Document number: P97000023	7074		
	d street address of the current registered agent and registered office on file with riment of State:	the T	05	
	NRAI Services, Inc.	≱:	S	~~ <b>~~</b>
	2731 Executive Park Drive, Suite 4	ASS	81	
	Weston, FL 33331	<u>f</u> ω. <sup>∈ .</sup> tω	2	П
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered offic	FLORID	1 2: 04	D
	C T Corporation System	<b>₽</b>		
	c/o C T Corporation System, 1200 South Pinc Island Road			
	(P.O. Box NOT acceptable)			
	Plantation, Florida 33324			
	ess of its registered office and the street address of the business office of its be identical.  It is sufficiently the resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.		agent,	•
_	ne coate, or me corporation has seem institled in writing of the change.	) (	,	
By: (Signal	are of an other or director)  (Princed or tyle a mone and but	<u>702:51 0.4</u>	<u>v+</u>	
l hereby accept l further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and computed I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby seen notified in writing of this change.	elete perfo agent. Or confirm t	rmanci ; if this hat the	e 3
1/00/	200- 11/14/05			
Contract of	habit of Registered Agent) (Date)			
if signing on be	half of an entity:			
7	Typed of Printed Name)			
	* * * FILING FRE: \$35.00 * * *			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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