## Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000261212 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ťo:

Division of Corporations

Fax Number

: (850)617-6360

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

: (850)878-5368

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE PIH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

OCT 3 1 2012

T. BROWN

https://efile.sunbiz.org/scripts/efilcovr.exe

10/31/2012

PAGE 01/03

CT CORPORATION

8656336092

10/31/5015 13:1a

## **COVER LETTER**

	endment Section sion of Corporations	
SUBJECT:	PIH, INC.	
<del>-</del>	Name of Co	rporation
DOCUMEN	P97000069779 IT NUMBER:	
The enclosed	i Statement of Change of Registered Office	/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
	Nancy M. Wright	
	Name of Cont	act Person
	Duke Energy Corporation	
	Firm/Cor	npany
	550 S. Tryon Street, DEC45A	
	Addre	as and a second a second and a second a second and a second a second and a second a second a second a second and a second a second a second a second a second and a second a s
	Charlotte, NC 28202	•
	City/State and	Zip Code
	nancy,wright@duke-energy.com	
	E-mail address: (to be used for fut	ure annual report notification)
For further in	formation concerning this matter, please ca	ll: 704 382-9151
	Name of Contact Person	at (
Enclosed is a 3	\$35.00 check made payable to the Departm	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FLODE - 05/16/2012 Walters Klewer Online

CR2E045 (03/12)

PAGE 02/03

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

· · · · · · · · · · · · · · · · · · ·	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of FL	
• • • • • • • • • • • • • • • • • • • •	red office or registered agent, or both, in the State of Florida.	-
1. The name of the corporation: PIH, I	NC.	
2. The principal office address: 410 S V	VILMINGTON ST, PEB 17B5 RALEIGH NC 27601	
2. The principal office address:		
3. The mailing address (if different):		
4. Date of incorporation/qualification:	08/12/1997 Document number: P97000069779	
5. The name and street address of the or Piorida Department of State: (If resign	urrent registered agent and registered office on file with the gned, enter resigned)	
Corporation Service Cor	mpany	
1201 Hays Street		_
Tailahassec FL 32301-2		12 OCT
		<u> </u>
<ol><li>The name and street address of the ne (if changed):</li></ol>	ew registered agent (if changed) and /or registered office	7
C T Corporation System		;; ∏ ;;
c/o C T Corporation Sys	tem, 1200 South Pine Island Road Plantation,	மு
	F.O. Box NOT acceptable	
Florida 33324	· · · · · · · · · · · · · · · · · · ·	
The street address of its registered office as changed will be identical.	ce and the street address of the business office of its registered agen	it,
Such change was authorized by resolution authorized by the board, of the corporation	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.	
RUS. TUS	David B. Fountain, Assistant Secretary	
Signature of an aither or director  I hereby accept the appointment as regilifurther agree to comply with the proviperformance of my duties, and I am fam agent. Or, if this document is being file hereby confirm that the corporation has CT Corporation System	trinues of typed name and title istered agent and agree to act in this capacity. istons of all statutes relative to the proper and complete siliar with and accept the obligation of my position as registered ad merely to reflect a change in the registered office address, I s been notified in writing of this change.	
Signature of Registered Agent	10/25/17 Date	
If signing on behalf of an entity:		
Ternell Kearney Asst, Socreter Typed or Printed Name	<b>y</b>	
* *	* FILING PEE: \$35.00 * * *	

PL006 - 05/16/2013 Walters Klewer Otiline

CR28045 (03/12)

PAGE 03/03

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314