Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: C T CORPORATION SYSTEM Account Name

Account Number

: FCA0000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

BUCKHEAD ATLANTA PLAZA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
I. The name of the corporation: Buckhead Atlanta Plaza, Inc.
2. The principal office address: 1801 Hermitage Blvd., Suite 100, Tallahassee, FL 3230B
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/08/1999 Document number: P99000097913
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State;
David E. Todd $ \Rightarrow $
1801 Hermitage Blvd., Suite 100
Tallahassee, FL 32308
David E. Todd 1801 Hermitage Blvd., Suite 100 Tallahassee, FL 32308 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System 1200 South Pine Island Road
CT Corporation System 등로 S
(P.O. Box. NOT secreptable) Plantation, FL. 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Debbie J. Newmark, Secretary (Practice or Special films and stock)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has often notified in writing of this change.
(Signature of Registered Agent) 02/08/2006
If signing on behalf of an entity: Jonator F. Autman Assistant Becretary
(Typed of Printed Name)
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314