401920

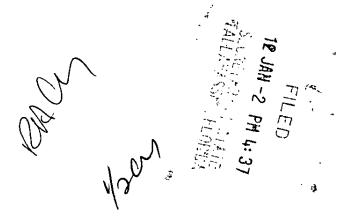
(Requestor's Name)			
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Special Instructions to Filing Officer:			
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Office Use Only



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ION SERVICE COMPANY			
ACCOUNT NO. : I2000000195			
REFERENCE : 481087 7914784			
AUTHORIZATION Spelbolena			
COST LIMIT : \$ 25.00			
ORDER DATE : December 31, 2012			
ORDER TIME : 3:49 PM			
ORDER NO. : 481087-032			
CUSTOMER NO: 7914784			
CHANGE OF AGENT			
NAME: O.R. COLAN ASSOCIATES, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Stephanie Milnes EXT# 52920			
EXAMINER:			

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

statement of ci	hange is submitted for a corporation of	rganized under the laws of the State of Florida
		gistered agent, or both, in the State of Florida.
1. The name o	of the corporation: O.R. COLAN AS	SOCIATES, INC.
2. The princip	al office address: 11111 Carmel Co	ommons Blvd. Suite 410, Charlotte NC 28226
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 05/25/1972	Document number: 401920
	nd street address of the current register partment of State: (If resigned, enter res	
	NRAI Services Inc.	S 2 7
	515 E. Park Avenue	PH 4:
	Tallahassee FL 32301	
6. The name a (if changed)):	agent (if changed) and /or registered office
	Corporation Service Compan	
	1201 Hays Street	NOT second
	Tallahassee, FL 32301	NOT acceptable
_	dress of its registered office and the still be identical.	reet address of the business office of its registered agent,
authorized by	the board, or the corporation has been	pted by its board of directors or by an officer so n notified in writing of the change.
1	- Allres	Deb Reeves, Vice President
I further agre performance agent. Or, if hereby confir	of my dúties, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I
ву: УЩ	Signature of Registered Agent	12/31/2012 Date
	behalf of an entity:	
Sarah Wrig	ght, Asst. Vice President	
	Typed or Printed Name	
	* * * FILING	FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)