## 852685



ACCOUNT NO. : 072100000032

REFERENCE : 119639 7175824

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 1, 1999

ORDER TIME : 3:53 PM

ORDER NO. : 119639-005

CUSTOMER NO: 7175824

CUSTOMER: Mr. Dennis E. Kenna

Heede Southeast, Inc.

11608 Downs Road

Pineville, NC 28134

CHANGE OF AGENT

NAME: HEEDE SOUTHEAST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

RA Change 2-2-99



-02/02/99--01006--801 \*\*\*\*\*\*35.00 \*\*\*\*\*35.00

## 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, the undersigned corporation organized under the laws of the State of $\frac{\text{North Carolina}}{\text{North Carolina}}$
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Heede Southeast, Inc.
2. The mailing address of the corporation is: 11608 Downs Road, Pineville, NC 28134
3. Date of incorporation qualification: 4/23/82 Document number: 852685
4. The name and address of the current registered agent and office:
Debra Dougherty
4046 SW 8th Street 29
Plantation, Florida 33317
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
Tallahassee, Florida 32301-2607
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.
(Signature of an officer, chairman or vice chairman of the board)  January 28, 1999 (Date)
Dennis E. Kenna, President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Ochorah D. Skipper as agent 2-1-99 (Signature of Registered Agent) (Date)
Te borah D. Skroper as agent
(Typed or Printed Name) (Capacity)

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