(((H100000051393)))



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

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-1000 Phone Fax Number : (850)558-1575

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

Email Address:\_

## REGISTERED AGENT CHANGE J.A. FIELDEN CO., INC.

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

Electronic Filing Menu Corporate Filing Menu

Help



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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi	ized under the laws of the State of <u>Ten</u>	nessee
in orde	r to change its registered office or registe	red agent, or both, in the State of Flori	ida.
l. The name of t	the corporation: J.A. FIELDEN CO., II	NC.	
2. The principal	office address:		
530 W. Fift	th Avenue, Knoxville TN 37917		
	ddress (if different):		
4. Date of incorp	poration/qualification: 07/02/2003	Document number: F03000003	417
	d street address of the current registered age trnent of State:	gent and registered office on file with the	ne
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation FL 33324		201 FAL
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered office	2010 JAN -8 SECRETAR ALLAHASS
	Corporation Service Company		m-
•	1201 Hays Street		
	(P.O. Box NOT acceptable)		<b>点</b> 。
	Tallahassee, FL 32301		<b>5</b>
The street addre	ess of its registered office and the street a be identical.	address of the business office of its re	gistered agent,
Such change wa authorized by th	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an off tified in writing of the change.	icer so
Mayy	re of an other of director)	Maureen Cullen, Attorney in Fac	ot .
I hereby accept I further agree to of my duties, and document is beicorporation has Corporatio By:	the appointment as registered agent and to comply with the provisions of all state of a manifer with and accept the obting filed merely to reflect a change in the been notified in writing of this change. on Service Company		
If signing on be	half of an entity:		
Grace E. Kirb	y, Asst. V.P.		
Т)	Typed or Printed Name)	TR. 007 00 + + +	

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