

(De	equestor's Name)				
(Re	questors Name)				
(Address)					
					
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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Certified Copies	ertified Copies Certificates of Status				
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Special Instructions to Filing Officer:					
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NOV 26 2014 R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: November 12, 2014

Order#: 371134-003

Re: CHAD STEWART AND ASSOCIATES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Morgan Kennedy

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of char	provisions of sections 607.0502, 617.050 nge is submitted for a corporation orga to change its registered office or regist	nized under the la	ws of the State of	TN	
	ne corporation: CHAD STEWART AND				
	office address: Circle, SUITE 300, Lakeland, TN 3800				
3. The mailing ac	ddress (if different):	· · · · · ·			
4. Date of incorp	oration/qualification: 07/05/2006	Document	number: F060000	004575	
	street address of the current registered tment of State: (If resigned, enter resign		ed office on file w	rith the	
	BUSINESS FILINGS INCORPORATED				
	515 E. PARK AVENUE				
	TALLAHASSEE	FL	32301	第三届	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company				
	1201 Hays Street				
P.O. Box NOT acceptable					
	Tallahassee	FL	32301		
The street addre	ss of its registered office and the street be identical.	address of the bu	usiness office of it	ts registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopte to board, or the corporation has been no	d by its board of o otified in writing	directors or by an of the change.	officer so	
026		Dona Priebe, V	Dona Priebe, Vice President		
Signatui	re of an officer or director	Print	ed or typed name and to	tle	
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent an o comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified n Service Company	tutes relative to th accept the obliga	he proper and con tion of my position	nplete n as registered ce address, I	
444010044					
Sign	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Typed or Printed Name					

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