F10000000754

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2013 MAR 14 AH 10: 25 FILED

MAR 1 5 2013



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 563364

7928012

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 8, 2013

ORDER TIME : 3:0 PM

ORDER NO. : 563364-015

CUSTOMER NO: 7928012

CHANGE OF AGENT

NAME: HAWKINS DEVELOPMENT COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statute. on organized under the laws of the State of Tennes	ssee	_
	-	or registered agent, or both, in the State of Florida	•	
1. The name of t	he corporation: HAWKINS DEV	ELOF MEINT COM ANT		
2. The principal	office address: 461 Craighead S	St Nashville TN 37204	 -	
3. The mailing a	ddress (if different):			
————4. Date of incorp	poration/qualification: 2/12/2010	0Document number: F10000000754		
5. The name and		gistered agent and registered office on file with the		
	NRAI Services, Inc.		TAT	201
	515 E. Park Avenue		CRE AF	
	Tallhassee FL 32301		TARY	013 MAR 14
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office	OF STATE	AH 10: 25
	Corporation Service Company		<u> </u>	55
	1201 Hays Street			
), Box NOT acceptable		
	Tallahassee, FL 32301			
The street addre	ess of its registered office and the identical.	ne street address of the business office of its regist	tered age	ent,
Such change wa	ns authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so	
	42	Dona Priebe, VP		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed mere	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as restly to reflect a change in the registered office addratified in writing of this change.	zistered ess, I	
By: Sala	h Weight	3/12/2013		
Sig	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
Sarah Wright, /	Asst. VP			
Т	yped or Printed Name			

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