P10189

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
AND AND SEEL FLORID



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: October 21, 2013

Order#: 846682-010

Re: EARL SWENSSON 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: Evelyn Wright

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

FILED

BERETARY OF STATE

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

| statement of cha | provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist | nized under the laws of the State of | TENNESSEE | |
|---|--|---|--|--|
| L. The name of t | he corporation: EARL SWENSSON AS | SOCIATES, INC. | | |
| 2. The principal office address: 2100 WEST END AVENUE SUITE 1200, NASHVILLE, TN 37203 | | | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 05/22/1986 | Document number: P10189 | | |
| 5. The name and | street address of the current registered a tment of State: (If resigned, enter resigned | agent and registered office on file w | | |
| | NRAI SERVICES, INC. | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | |
| | PLANTATION, FL 33324 | | | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | | | |
| | Corporation Service Company | | | |
| 1201 Hays Street | | | | |
| | P.O. Box NO Tallahassee, FL 32301 | l'acceptable | | |
| The street addre | ess of its registered office and the street be identical. | address of the business office of it | s registered agent, | |
| | as authorized by resolution duly adopted the board, or the corporation has been no | | | |
| Kudal Signatu | To of an other or director | Richard L. Miller, President Printed or typed name and to | | |
| I further agree of performance of agent. Or, if the hereby confirm | the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and c is document is being filed merely to ref that the corporation has been notified in Service Company | utes relative to the proper and com accept the obligation of my position | mpletess 22 mplete | |
| Ву: | Opne Huden | 10/15/2013 | <u> </u> | |
| Sig | nature of Registered Agent | Date | THE | |
| If signing on be | half of an entity: | | | |
| April Hudson, A | | | | |
| 1 | yped or Printed Name | | | |

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