



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

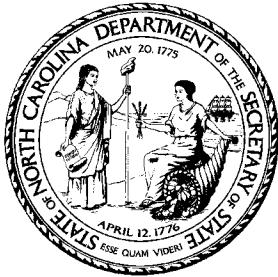
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

DESIGNATION OF REGISTERED OFFICE AND/OR REGISTERED AGENT

OF

CLIFFS OF ROCKFISH OWNERS ASSOCIATION, INC.

the original of which was filed in this office on the 28th day of September, 2018.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of September, 2018.

Secretary of State

STATE OF NORTH CAROLINA
Department of the Secretary of State

C2018 222 00946

DESIGNATION OF REGISTERED OFFICE ADDRESS
AND/OR REGISTERED AGENT

Pursuant to §55D-30 and §55D-31 of the General Statutes of North Carolina, the undersigned entity submits the following for the purpose of designating a registered office and/or registered agent in the State of North Carolina.

1. The name of the entity is: Cliffs of Rockfish Owners Association, Inc.
2. (Check if applicable). The entity currently has no registered office on file with the Secretary of State.
3. (Check if applicable). The mailing address of the registered office is not on file with the Secretary of State.
4. The street address and county of the entity's designated registered office is:

Number and Street: 2939 Breezewood Avenue Suite 100
City: Fayetteville State: NC Zip Code: 28303 County: Cumberland

5. The mailing address *if different from the street address* of the designated registered office is:
Number and Street: PO Box 87209

City: Fayetteville State: NC Zip Code: 28304 County: Cumberland

6. (Check if applicable). The entity currently has no registered agent on file with the Secretary of State.
7. The name of the designated registered agent and the designated registered agent's written consent to the appointment appears below:

Little and Young Inc
(Type or Print Name of New Agent)

Tammy Six, Secretary
(Signature & Title*)

8. The address of the entity's registered office and the address of the business office of its registered agent, as designated herein, will be identical.
9. This statement will be effective upon filing, unless a date and/or time is specified: _____

10. This is the _____ day of _____, 20 ____.

Cliffs of Rockfish Owners Association, Inc.

(Name of Entity)

Tammy Six
(Signature)

Tammy Six, Secretary

(Type or Print Name and Title)

NOTES:

1. Filing fee is \$5.00. One executed statement must be filed with the Secretary of State.
2. This form is for use by entities that have not filed the name of a registered agent or address of a registered office with the Business Registration Division.

* Instead of signing here, the new registered agent may sign a separate written consent to the appointment, which must be attached to this statement.