

# **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

#### CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

**OF** 

### THE COLONY AT LEXINGTON PLANTATION HOMEOWNERS ASSOCIATION, INC.

the original of which was filed in this office on the 4th day of October, 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 4th day of October, 2018.

Elaine I. Marshall

Secretary of State

SOSID: 1171152 Date Filed: 10/4/2018 9:05:00 AM Elaine F. Marshall North Carolina Secretary of State

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### STATE OF NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

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

| The name of the entity is: The Colony at Lexington Plantation Homeowners Association, Inc                                                                            |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| The street address and county of the entity's registered office corre                                                                                                |                                                                                                               |
| Number and Street: 341 Kilmayne Drive; Sui                                                                                                                           | .te 204                                                                                                       |
| City: Cary State: NC Zip Code: 275                                                                                                                                   | 11 county: Wake!                                                                                              |
| The mailing address if different from the street address of the reg                                                                                                  | istered office currently on file is:                                                                          |
| Number and Street:                                                                                                                                                   |                                                                                                               |
| City:State: NC Zip Code:                                                                                                                                             | County:                                                                                                       |
| The name of the current registered agent is:                                                                                                                         |                                                                                                               |
| 1. The street address and county of the new registered office of the (complete this item only if the address of the registered office it                             | s being changed)                                                                                              |
| Number and Street: 2939 Breezewood Avenue                                                                                                                            |                                                                                                               |
| City: Fayetteville State: NC Zip Code: 283                                                                                                                           | 303 County: Cumberland                                                                                        |
| 2. The mailing address if different from the street address of the (complete this item only if the address of the registered office  Number and Street: PO Box 87209 |                                                                                                               |
| City: Fayetteville State: NC Zip Code: 283                                                                                                                           | 304 County: Cumberland                                                                                        |
| 3. The name of the new registered agent and the new agent's con (complete this item only if the name of the registered agent is Little Young Inc.                    |                                                                                                               |
| Type or Print Name of New Agent                                                                                                                                      | * Signature & Title                                                                                           |
| <ol> <li>The address of the entity's registered office and the address of<br/>will be identical.</li> </ol>                                                          | the business office of its registered agent, as changed,                                                      |
| 5. This statement will be effective upon filing, unless a date and/                                                                                                  | or time is specified:                                                                                         |
| This is theday of, 20                                                                                                                                                | The Colony at Lexington Plantation Horseswhers Association, Inc  Entity Name  Signature  Tammy Six, Secretary |
| Notes: Filing fee is \$5.00. This document must be filed with the Secretary                                                                                          |                                                                                                               |

BUSINESS REGISTRATION DIVISION Revised July 2017

P. O. BOX 29622

RALEIGH, NC 27626-0622

Form BE-06