

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.

INFORMATION CURRENTLY ON FILE

The name of the entity is: SOUTH MAIN HOMEOWNERS ASSOCIATION INC

The street address and county of the entity's registered office currently on file is:

Number and Street: 4523 PARK ROAD. SUITE 201A

City: CHARLOTTE State: NC Zip Code: 28303 County: MECKLENBERG

The mailing address *if different from the street address* of the registered office currently on file is:

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

The name of the current registered agent is: Chris D Gilleland

NEW INFORMATION

1. The street address and county of the new registered office of the entity is:
(complete this item only if the address of the registered office is being changed)

Number and Street: 2939 BREEZEWOOD AVENUE SUITE 100

City: FAYETTEVILLE State: NC Zip Code: 28303 County: CUMBERLAND

2. The mailing address *if different from the street address* of the new registered office is:
(complete this item only if the address of the registered office is being changed)

Number and Street: PO BOX 87209

City: FAYETTEVILLE State: NC Zip Code: 28304 County: CUMBERLAND

3. The name of the new registered agent and the new agent's consent to appointment appears below:
(complete this item only if the name of the registered agent is being changed)

LITTLE AND YOUNG INC
Type or Print Name of New Agent

Tammy Six, Secretary
* Signature & Title

4. The address of the entity's registered office and the address of the business office of its registered agent, as changed, will be identical.

5. This statement will be effective upon filing, unless a date and/or time is specified: _____

This is the _____ day of _____, 20____.

SOUTH MAIN HOMEOWNERS ASSOCIATION INC

Entity Name
Tammy Six
Signature
TAMMY SIX, SECRETARY

Notes: Filing fee is \$5.00. This document must be filed with the Secretary of State.

Type or Print Name and Title

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