

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

WILLOWRIDGE HOMEOWNER 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.

Elaine I. Marshall

Secretary of State

SOSID: 0795301 Date Filed: 9/28/2018 2:17:00 PM Elaine F. Marshall North Carolina Secretary of State

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STATE OF NORTH CAROLINA Department of the Secretary of State

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: Willowridge Homeowner Association, Inc.

2.	(Check if applicable). The entity currently has no regis	tered office on file with the Secretary of State.
3.	(Check if applicable). The mailing address of the regis	ered office is not on file with the Secretary of State.
4.	The street address and county of the entity's designated reg-	
	Number and Street: 2939 Breezewood Avenue Su	te 100
	City: Fayetteville State: NC	
5.	The mailing address if different from the street address of t	he 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 regi	stered agent on file with the Secretary of State.
7.	The name of the designated registered agent and the designated below:	ted registered agent's written consent to the appointment appears
Li	ttle and Young Inc.	Olympia X Scretary (Signature & Mile*) Tammy Six
	(Type or Print Name of New Agent)	(Signature & Tile*) Tammy Six
8.	The address of the entity's registered office and the address will be identical.	of the business office of its registered agent, as designated herein,
9. This statement will be effective upon filing, unless a date and/or time is specified:		
10.	This is theday of, 20	Villowridge Homeowner Association, Inc.
		(Name of Entity)
	_	Signapura)
		ammy Six, Secretary
NOTES:		(Type or Print Name and Title)
 Filing fee is \$5.00. One executed statement must be filed with the Sccretary of State. 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 Bus Division. 		
	nstead of signing here, the new registered agent may sign a sepa statement.	rate written consent to the appointment, which must be attached to this

BUSINESS REGISTRATION DIVISION (Revised July, 2017)

P.O. BOX 29622

RALEIGH, NC 27626-0622 (Form BE-05)