

STATE OF NORTH CAROLINA
DEPARTMENT OF THE SECRETARY OF
STATE

DESIGNATION AND/OR STATEMENT OF CHANGE OF REGISTERED OFFICE,
REGISTERED AGENT NAME OR PRINCIPAL OFFICE

Pursuant to §55D-31, §55-1-22(26), §55A-16-23(b), §57D-1-22(29), of the General Statutes of North Carolina, the undersigned entity submits the following for the purpose of changing its registered office address, registered agent name, and/or principal office addresses for the State of North Carolina.

INFORMATION CURRENTLY ON FILE

1. The exact name of the entity as listed on the business registry is: _____

TURNER FARMS HOMEOWNERS ASSOCIATION, INC.

Entity Type: ☐ Domestic Corporation, ☐ Foreign Corporation, ☒ Nonprofit Corporation
☐ Domestic Limited Liability Company, ☐ Foreign Limited Liability Company

2. (Check only if applicable) ☒ The registered agent name and/or address is not currently on file with the Secretary of State.
3. (Check only if applicable) ☒ The principal office address is not currently on file with the Secretary of State.

Registered Agent Information (complete this section if there is a registered agent name and address on file with the Secretary of State)

4. The name of the current registered agent is: _____

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

Number and Street: _____

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

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

Number and Street or PO Box: _____

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

Principal Office Information (complete this section only if there is a principal office on file with the Secretary of State)

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

Number and Street: _____

City: _____ State: _____ Zip: _____ County: _____

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

Number and Street or PO Box: 3725 Benson Rd

City: Garner State: NC Zip: 27529 County: Johnston

NEW INFORMATION

Registered Agent Information (complete this section if the registered agent name and address is being changed on the business registry)

1. The street address and county of the entity's new registered agent office address is:

Number and Street: 1612 Military Cutoff Rd. Suite 108

City: Wilmington State: NC Zip: 28403 County: New Hanover

2. The mailing address *if different from the street address* of the new registered agent office address is:

Number and Street or PO Box: _____

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

3. The name of the new registered agent and the new agent's consent to appointment appears below:

S&S Services Group, LLC

Type or Print Name of New Registered Agent

Dave Orr Dave Orr / CEO

**Signature & Title*

4. The address of the entity's registered office and the address of the business office of its registered agent, as changed, is the same location.

Principal Office Information (complete this section only if there is a principal office on file with the Secretary of State)

5. The street address and county of the new principal office address is:

Number and Street: 1612 Military Cutoff Rd. Suite 108

City: Wilmington State: NC Zip: 28403 County: New Hanover

6. The mailing address *if different from the street address* of the new principal office address :

Number and Street or PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

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

This the 17 day of April, 20 23.

TURNER FARMS HOMEOWNERS ASSOCIATION, INC.

Entity Name

Stephen Trachian

Signature

Stephen Trachian, President

Type or Print Name and Title

Note: Filing fee is \$10.00. This document must be filed with the NC Secretary of State

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