Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE MEMO FINANCIAL SERVIÇES AMERICA, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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COVER LET

TO: Amendment Section Division of Corporations

MEMO FINANCIAL SERVICES AMERICA, INC.

Name of Corporation

F01000002027

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/E2)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT-OR BOTH FOR CORPORATIONS

| Pursuant to the p | rovisions of secti | ons 607.0502, 617.050 | 02, 607 | 7,1508, or 617,1508, Florida S | Statutes, this |
|--|--|--|---------------------------|---|---------------------------|
| statement of char | ige is submitted f | or a corporation organ | iized i | inder the laws of the State of <u>f</u> | PENNSYLVANIA |
| | | | | gent, or both, in the State of F | |
| 1. The name of th | ie corporation: M | IEMO FINANCIAL | SE | RVICES AMERICA, INC | C. |
| 2. The principal o | office address: <u>10</u> | 29 MUMMA ROA | AD_ | | |
| WORMLE | YSBURG, | PA | 170 | 143 | |
| 3. The mailing ac | ldress (if differen | t): PO BOX 8863 | | | |
| <u>CAMP H</u> | ILL. PA 1700 | <u> </u> | | | |
| 4. Date of incorp | oration/qualificat | ion: 04/16/2001 | | Document number: F01000 | 0002027 |
| 5. The name and Florida Depart | street address of ment of State: (If | the current registered a resigned, enter resign | agent : ed) | and registered office on file wi | ith the |
| | C T CORPO | RATION SYSTEM | / | | <u> </u> |
| | 1200 SOUTH | H PINE ISLAND F | ROA | | 17 JUL 19 |
| | PLANTATIO | N, FL 33324 | | | |
| 6. The name and (if changed): | street address of | the new registered age | ent (if | changed) and /or registered of | 1 M 9: 20 |
| | Registered / | Agent Solutions, | Inc. | | 1. 20 |
| | 155 Office F | Plaza Dr., Suite A | | | |
| | T-llahaaaa | P.O. Box 80 | l'accqu | åble | |
| | Tallahassee | | | <u> </u> | |
| The street addre | ss of its registere be identical. | ed office and the street | t addr | ess of the business office of it | s registered agent, |
| Such change wa authorized by th | is authorized by a se board, or the c | resolution duly adopte orporation has been no | d by i otified | ts board of directors or by an lin writing of the change. | officer so |
| /s/ Tanya | | | Та | anya Butler Printed or typed name and Tit | President |
| I hereby accept I further agree performance of | to comply with th my duties, and l ie documentsis he | as registered agent and provisions of all sta | accep flect a in wr | ree to act in this capacity, relative to the proper and contifute obligation of my position change in the registered offu | nplete n as registered |
| Sig | nation of Registered A | gent | | Date | |
| If signing on be | half of an entity: | | | | |
| | nell - Assista | ant Secretary | | | |
| Т | yped or Printed Name | * * * FILING F | EE: \$ | | |
| | | * * * FILING F | EE: \$ | 35.00 * * * | |