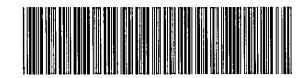
FIDDOOD3942

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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pcha

R. WHITE FEB 07 2018





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: February 1, 2018

Order#. 043607-005

Re: CONSOLIDATED ANALYTICS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statu tion organized under the laws of the State of <u>CA</u> e or registered agent, or both, in the State of Floric	
_1. The name of	the corporation: CONSOLIDAT	ED ANALYTICS, INC.	
• •	office address: Arthur Blvd Suite 110 Irvine CA	92612	
3. The mailing a	address (if different):		7.1
4. Date of incor	poration/qualification: 09/30/2	011 Document number: F110000039	42
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	ie
	Incorp Services, Inc.		
	17888 67th Court North		
	Loxahatchee	FL 33470	8-5
6. The name and (if changed):	d street address of the new regis Corporation Service Compan	stered agent (if changed) and /or registered office	PH 2: 56
	1201 Hays Street		
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its reg	istered agent.
Such change was authorized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an offic s been notified in writing of the change.	er so
Xee	E. Cleme	Jill Cilmi, Vice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	tre of an officer or director I the appointment as registered to comply with the provisions of the functions of the function has been service Company	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complet with and accept the obligation of my position as i ely to reflect a change in the registered office ad notified in writing of this change.	e registered dress, I
By: Drage	2-Kuby	02/01/2018	
	nature of Registered Agent chalf of an entity:	Date	
	, Asst. Vice President		
	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *