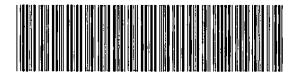
(Requestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 653402 7239220
AUTHORIZATION: Spelle man
COST LIMIT : \$ 35.00
ORDER DATE : May 2, 2022
ORDER TIME : 2:32 PM
ORDER NO. : 653402-009
CUSTOMER NO: 7239220
CHANGE OF AGENT
NAME: VETERANS EVALUATION SERVICES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	ized under the law	s of the State of \underline{T}	X	-	
	the corporation: VETERANS EVALUATION office address: 6700 WOODLANDS PKV			DS, TX 77382	— —	
3. The mailing a	ddress (if different):				_	
4. Date of incom	poration/qualification: 10/29/2015	Document n	number: <u>71500</u>	FHOOOC	35	
	I street address of the current registered a trnent of State: (If resigned, enter resigne		d office on file with	h the		
	CT CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	, FL	33324	S	<u>≥</u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Corporation Service Company			RY fas	ပ် နို	
	1201 Hays Street			SEE		
	P.O. Box	NOT acceptable		4.3.7 71.8 3.6.3		
	Tallahassee	FL.	32301	JIE L	>	
The street address changed will	ess of its registered office and the street be identical.	address of the bus	siness office of its	registered age	nt,	
Such change we authorized by th	as authorized by resolution duly adopted be board, or the corporation has been no	l by its board of d tified in writing o	irectors or by an of the change.	officer so		
	trancis	David Francis		Secretary		
-	re of an officer or director		of or typed name and title		-	
corporation mas	the appointment as registered agent and comply with the provisions of all state of a line of all state of a line of a line of the oblimation of the oblimation of the oblimation of the oblimation of this change. The office of this change. Service Company	d agree to act in t utes relative to the igation of my posi e registered office	his capacity. e proper and comp ition as registered e address, I hereby	plete performa agent. Or, if t v confirm that t	ıce his he	
By: Drai	1 - 1/2 los	05/02/20)22			
Sign	nature of Registered Agent		Dute		-	
If signing on be	half of an entity:					
	Asst. Vice President					
T	yped or Printed Name					
	* * * FILING FE	:E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)