## F97000001314

(Requ	uestor's Name)	<del> </del>
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600290098536

10/04/16--01034--005 \*\*35.00



RAROICHS

OCT 1 0 2016

I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: September 30, 2016

Order#: 296677-186

Re: ALS-CLARE BRIDGE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 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 ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ALS-CLARE BRI	DGE, INC.	
	l office address: WOOD PLACE SUITE 400 BREN	TWOOD TN 37027	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 03/14/199	Document number: F97000001314	
	d street address of the current regi artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	
6. The name and (if changed):	•	red agent (11 changed) and /or registered office	
	Corporation Service Company	PM I2: 09	
	1201 Hays Street		
	P.O. Box NOT acceptable		
	Tallahassee	FL 32301	
The street addr	ress of its registered office and the local loca	e street address of the business office of its registered agent,	
Such change w authorized by t	· · · · · · · · · · · · · · · · · · ·	adopted by its board of directors or by an officer so been notified in writing of the change.	
Jill Cilmi, Vice President		Jill Cilmi, Vice President	
Sgnuture of an officer or director Printed or typed name and title			
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of f my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to to reflect a change in the registered office address, I otified in writing of this change.	
By: 1 ) ng e o C ( 1 ) 09/30/2016			
	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	, Assistant Vice President	_	
7	Typed or Printed Name		

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