

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(OR) Sales Epi Hollo II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 1, 2016

Order#: 999774-006

Re: CERTIFIT, 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: Janis M. Smith 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 . n organized under the laws of the State of _ r registered agent, or both, in the State of I	Utah
	the corporation: CERTIFIT, INC.		
2. The principal		UT 84119	
	address (if different):rnberry Lane, Suite 200, Valencia	ı. CA 91355	
		8 Document number: F980000	004814
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file wiresigned)	ith the
·	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	PAD	
	PLANTATION	FL 33324	78E0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company		PH 6:
	1201 Hays Street	Box NOT acceptable	H 6: 42
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	s registered agent,
		dopted by its board of directors or by an o	
	726	Dona Priebe	Vice President
Sigher	re of an officer or director	Printed or typed name and title	e
I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of a mv duties. and I am familiar with	gent and agree to act in this capacity, all statutes relative to the proper and com and accept the obligation of my position to reflect a change in the registered offica tified in writing of this change.	as registered
By: X	ace 2-Kubi	02/16/2016	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
-	Asst. Vice President		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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