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(Re	questor's Name)		
(Ad	dress)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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EXAMINER



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

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Vera M. Norris

Date: December 2, 2013

Order#: 890916-008

Re: UNIVERSAL MAP GROUP, LLC

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

Please	take the following action:	7 .	251
XX XX XX	File in your office on a routine basis. Issue Proof of Filing. Please return evidence to the following:	1	1-330 g
	Attn: Vera M. Norris		_ ;;

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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: KAPPA MAP G	SROUP, LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 40 E. Skippack Pike
(Text Mesi 22 Sind 1 12 Sind 1	Fort Washington PA 19034
(b) Mailing address of limited liability company:	PO Box 736
(Note: MAY BE POST OFFICE BOX)	Fort Washington, PA 19034
11/26/2007	M0700006913
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Incorporating Services, Ltd
Registered Office Address:	1540 Glenway Drive
	Tallahassee FL-32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
<u>NEW</u> Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be iderliability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwished operating agreement of the limited liability company.	Florida street address of the registered office
/s/ Dona Priebe	
Signature of a member or authorized representative of a member	
Dona Priebe, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, Ispereby confirm that the limited liability companies. By:	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in verely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent Corneration Service Company	Sulvia Quennet Assistant Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00