P12000045168

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docur	nent Number)	
(Bood)	none nambory	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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SECRETARY OF STATE

JUN - 7 2013

T. BROWN



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: May 30, 2013

Order#: 633835/040

Re: ONLINE CONNECTIVITY, 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 Return Regular Mail in the enclosed envelope.

Attn:Evelyn Wright c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

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

INCA.XCOA

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

statement of cha	ange is submitted for a corporation org	2502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delaware	
		istered agent, or both, in the State of Florida.	
	the corporation: ONLINE CONNECTIVI		····
2. The principal	office address: 175 SW 7th St Suite 1	803, Miami FL 33130	
3. The mailing a	address (if different): 11 Holland Avenu	ue Sulte 608, Ottawa Ontario K1Y 4S1	
4. Date of incorp	poration/qualification; 05/15/2012	Document number: P12000045168	_
	d street address of the current registere rtment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	CARLSON, CURTIS		
	One S.E. 3rd Avenue, Suite 1200 Miami, FL 33131		
			3
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	·
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box N	OI acceptable	
	Tallahassee, FL: 32301		
		et address of the business office of its registered age	nt,
Such change was	as authorized by resolution duly adopt the board, or the corporation has been to Vilustrate the corporation has been to	ted by its board of directors or by an officer so notified in writing of the change.	
ME	re of an officer or director	Printed or typed name and file	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent to comply with the provisions of all st	and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as registered effect a change in the registered office address. I	
By:	Mature of Registered Agril	05/28/2013	_
	shalf of an entity:	Date	
	Asst. Vice President		
	yped or Printed Name		
	* * * FILING I	FEE: \$35.00 * * *	

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