Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002030063)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (614)280-3338 Fax Number: (954)208-0845

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE **1ST TUESDAY CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUL 13 2018

I ALBRITTON

Ectronic Filing Menu

Corporate Filing Menu

Help

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508. Florida Sta organized under the laws of the State of Flo registered agent, or both, in the State of Flo	rida
	the corporation: IST TUESDAY CO		
2. The principa	I office address: 2121 K Street NW S	uite 850, Washington, District of Calumbia, 20	0037
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 05/20/2014	Document number: P14000045	293
5. The name an		tered agent and registered office on file with	
	Garcia, Javier		
	900 STILLWATER DRIVE		
	MIAMI BEACH, FL/33141		2018 SEC TAL
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and for registered office	2018 JUL 12 SECRETAR TALLAHASS
	C T Corporation System		سر آها
	c/o C T Corporation System, 1200 S	outh Pine Island Road	E P
	PO 3	ox NOT acceptable	I 9: 0 STATE FLORRE
	Plantation, Florida 33324		DA .
The street address changed will	ess of its registered office and the slibe identical.	street address of the business office of its re	egistered agent,
Such change wa authorized by the	as authorized by resolution duly ad he board; or the corporation has be	dopted by its board of directors or by an off en notified in writing of the change:	icer so
		Kevin Eady, Director	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely t that the corporation has been noti	Punted or typed osme and little ent and agree to act in this capacity. Il statutes relative to the proper and comple and accept the obligation of my position as to reflect a change in the registered office a ified in writing of this change.	nte s registered address, I
C T Cor By:	poration System	07/12/2018	
Sig	mature of Registered Ages	Date	
lf signing on be	chalf of an entity:		
Kimberly Lat	aghrey, Assistant Secretary		
7	yped or Printed Name		

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

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