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## **COVER LETTER**

TO: Ame Divis	ndment Section sion of Corporations	
SUBJECT:_	STACI CORP.  Name of Co	prporation
DOCUMEN	T NUMBER: F06000001154	
The enclosed	Statement of Change of Registered Office	Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
	VANESSA A	ZEMAR
	Name of Con	
	VCORP SERV	
	· mile oo	,
	25 ROBERT PITT DR	
	MONSEY NY City/State an	10952 d Zip Code
	·	·
	VANESSAA@VCORP E-mail address: (to be used for fi	
	is man address. (to be asea for re	and annual report normalization,
For further in	nformation concerning this matter, please o	ail:
VANESS	SA AZEMAR  Name of Contact Person	at ( <u>845</u> ) 517-3517 Area Code & Daytime Telephone Number
	Name of Confact Person	Area Code & Daytime Telephone Number
Enclosed is a	a \$35.00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

TO:

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of DELAWARE to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	ne corporation: STACI CORP,	
2. The principal of	office address: 640 FREEDOM BUSINESS DRIVE SUITE 201 KING OF PRUSSIA, PA 19406	
3. The mailing ac	ldress (if different):	
4. Date of incorp	oration/qualification: 02/22/2006 Document number: F06000001154	
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
	CT CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD	 
	PLANTATION, FL 33324	Ī
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	- 1 1 1 9
	Vcorp Services, LLC	Ó
	5011 South State Road 7, Suite 106 P.O. Box NOT acceptable	
	Davie, FL 33314	
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
Signatur	e of an officer or director  F. M. CFU  Printed or typed name and title	
I hereby accept if further agree to performance of agent. Or if this hereby confirm t	he appointment as registered agent and agree to act in this capacity.  It comply with the provisions of all statutes relative to the proper and complete  It is any duties, and I am familiar with and accept the obligation of my position as registered  It is document is being filed merely to reflect a change in the registered office address, I  It is also been notified in writing of this change.	
Sign	iurc of Registered Agent 8/5/2010 Date	
If signing on bel	alf of an entity:	
Vancesc	Across, Very Strvices, LUC ped or Printed Name	

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