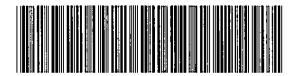


(Requestor's Name)
JACOB REAL ESTATE SERVICES, INC. 607 W. BAY STREET TAMPA, FLORIDA • \$3606-2763
(City/State/Zip/Phone #)
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R. WHITE NOV 0 8 2018

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this talement of change is submitted for a corporation organized under the laws of the State of	
•	
. The name of the corporation: GPS, Inc.	
The principal office address: 1950 E. 28th St. Eugene, OR 97403	
	·
. The mailing address (if different): PO Box 3153 Eugene, OR 97403	
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Stephen P Ramey	
4219 Bay To Bay	
Tampa, FL 33629	
i. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	T
Stepen P. Ramey	*D
c/o Jacob Real Estate Services, Inc.	9
P.O. Box NOT acceptable	•
607 W. Bay Street, Tampa, FL 33606	
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director. Printed by typed came and bite	. ک
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.	
Signatury of Registered Agen: 7-31-2016 Date	
f signing on behalf of an entity:	
James C. Jacob Typed or Printed Name	
Typed or Printed Name *** FILING FEE: \$35.00 * ***	
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (R2E045 (03-12)	