I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN SMITH

DIRECTOR

DOCUMENT# N27206

Entity Name: BETA PSI CORPORATION OF PHI SIGMA SIGMA, INC.

Current Principal Place of Business:

C/O JEFFREY R. LAMB 2531 NW 41ST STREET, BLDG. A GAINESVILLE, FL 32606

Current Mailing Address:

C/O JEFFREY R. LAMB 2531 NW 41ST STREET, BLDG. A GAINESVILLE, FL 32606 US

FEI Number: 59-2912280

Name and Address of Current Registered Agent:

LAMB, JEFFREY R 2531 N W 41 STREET SUITE A GAINESVILLE, FL 32606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E: JEFFREY R. LAMB			04/23/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DS	Title	DP	
Name	DISTLER, JUDITH	Name	SMITH, ELLEN	
Address	4503 HEREND PLACE	Address	4727 N.W. 124TH ST.	
City-State-Zip:	FAIRFAX VA 22032	City-State-Zip:	GAINESVILLE FL	
Title	DT			
Name	SYLVESTER, MELISSA			
Address	234 WOODBRIDGE DRIVE			
City-State-Zip:	ATLANTA GA 30339			

Electronic Signature of Signing Officer/Director Detail

FILED Apr 23, 2015 Secretary of State CC2538575414

Certificate of Status Desired: No

04/23/2015