480023

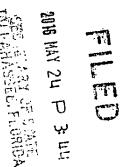
| (Red | questor's Name) | | |
|---|-------------------|-------------|--|
| (Address) | | | |
| (Add | dress) | | |
| (City | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL. | |
| (Bu | siness Entity Nar | me) | |
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: May 20, 2016

Order#: 130050/010

Re: MEDUSIND INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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:April Pagliassotti 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 | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida. | |
|---|---|--|--|
| 1. The name of t | he corporation: MEDUSIND INC. | | |
| 2. The principal | office address: 815 Herndon Aver | nue, Suite 100, Orlando, FL 32803 | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 07/02/1975 | Document number: 480023 | |
| | I street address of the current registement of State: (If resigned, enter i | tered agent and registered office on file with the resigned) | |
| | Risley, Scott J | | |
| | 815 Herndon Avenue, Suite 100 | | |
| | Orlando | FL 32803 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered öffice (if changed): | | | |
| | Corporation Service Company | 24 P | |
| | 1201 Hays Street | | |
| | P.O. B Tallahassee | ox NOT acceptable FL 32301 | |
| The street addre | ess of its registered office and the be identical. | street address of the business office of its registered agent, | |
| Such change wa authorized by th | is authorized by resolution duly ac ne board, or the corporation has be | dopted by its board of directors or by an officer so een notified in writing of the change. | |
| Jill Cilmi, Vice President Signature of an officer or director Printed or typed name and title | | · | |
| I further agree i performance of agent. Or, if the hereby confirm | to comply with the provisions of a my duties, and I am familiar with | ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, l ified in writing of this change. | |
| By: Sign | nature of Registered Agent | 05/20/2016 Date | |
| | half of an entity: | | |
| Grace E. Kirby, | Asst. Vice President | | |
| Tv | oned or Printed Name | | |

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