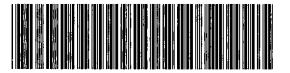
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE. FLORIDA

A RAMSEY



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper

ami.casper@cscglobal.com

Date: February 9, 2016

Order#: 980624/015

Re: US ASSURE, 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:Ami Casper

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	provisions of sections 607.0502, unge is submitted for a corporation	on organized under the la	aws of the State of	Florida	-
	er to change its registered office o		oth, in the State of	Florida.	
1. The name of	the corporation: US ASSURE, IN	10.			
2. The principal	office address: 8230 Nations W	ay, Jacksonville, FL 322	256		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 04/05/19	77 Document	number: 53142	1	
5. The name and	d street address of the current regi trment of State: (If resigned, enter	stered agent and register			
	Alan Howard			NEC SEC	************
	14 East Bay Street			FEB I	Marketana Turketana Turketana Turketana
	Jacksonville, FL 32202			1 PH	
6. The name and (if changed):	I street address of the new registe	red agent (if changed) ar	nd /or registered of	-71 ·	
	Corporation Service Company		31	>	
	1201 Hays Street				
		Box NOT acceptable		-	
	Tallahassee	FL	32301	-	
The street addre as changed will	ess of its registered office and the be identical.	e street address of the bu	isiness office of i	ts registered agen	ıt,
Such change wa authorized by th	s authorized by resolution duly as board, or the corporation has b	adopted by its board of o een notified in writing o	directors or by an of the change.	officer so	
	Mindry	Christopher En	nans	CFO	
Signatu	e of an officer or director	Printe	ed or typed name and tit	le	
performance of agent. Or, if thi hereby confirm	the appointment as registered as ocomply with the provisions of my duties, and I am familiar with so document is being filed merely that the corporation has been no Service Company	h and accept the obligat to reflect a change in ti	ion of my position he registered offic	n as registered	
By: Sylvin	august	02/09/20	16		
	nature of Registered Agent		Date		
lf signing on bel	half of an entity:				
Sylvia Queppet	Asst. Vice President	_			
Ty	ped or Printed Name				

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