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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: C T CORPORATION SYSTEM
Name of Corporation DOCUMENT NUMBER: 804598 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: Marie Hauer Name of Contact Person C T Corporation System Firm/Company 111 8th Avenue New York, NY 10011 City/State and Zip Code WKUSLAWDEPT@WOLTERSKLUWER.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (212)894-8504
Area Code & Daytime Telephone Number Marie Hauer Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute nge is submitted for a corporation organized under the laws of the State of Delawa r to change its registered office or registered agent, or both, in the State of Florida	are	_	
1. The name of t	he corporation: C T CORPORATION SYSTEM			
2. The principal	office address: 111 EIGHTH AVE, 13TH FLOOR, RK, NY 10011			_
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 09/09/1936 Document number: 804598			
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)			
	Cuddihy, Madonna			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324	मंदि		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		商品源	17 SEP -1	77
	THE CORPORATION COMPANY		PH	<u>(1)</u>
	1200 SOUTH PINE ISLAND ROAD P.O Box NOT acceptable		ယ္	\Box
	PLANTATION, FL 33324	を記述	0	
The street addr	ess of its registered office and the street address of the business office of its registered.	stered ag	gent.	
(Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	r so		
1 1	ROBERT INGATO Printed or typed name and title			
	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as reals document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.	gisterea ress, I	i	
Mari Sig	Harman 8/3/17 grature of Registered Agent Date			
If signing on bo	chalf of an entity:			
CT COR	Colation System Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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