

	(Requestor's Name)						
	(Address)						
	(Address)						
	(City/State/Zip/Phone #)						
PICK-UF	P WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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06/12/15--01015--017 **\$5.00

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CACRG

JUN 23 2015

R. WHITE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 10, 2015

Order#: 641166-010

Re: SPRING GLEN INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis.	nized under the la	ws of the State	of TX	· · ·	is 	
1. The name of t	he corporation: SPRING GLEN, INC.						
	office address:						
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 04/11/2000	Document	number: F000	0000202	24		
	street address of the current registered tment of State: (If resigned, enter resign		ed office on file	e with th	ie		
	C T CORPORATION SYSTEM						
	1200 SOUTH PINE ISLAND ROAD		÷		ਹਾਂ		
	PLANTATION	FL	33324		C	ा हत्	
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):				office	22 24	造工	
	Corporation Service Company				έō		í
	1201 Hays Street			1>	N 3 (7)		
	P.O. Box NO		22204				
	Talianassee	FL	32301				
The street addre	ss of its registered office and the street be identical.	address of the bu	isiness office o	f its reg	istered	l agent.	•
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	d by its board of o tified in writing o	directors or by of the change.	an office	er so		
() 26		Dona Priebe		Vice President			
	e of an officer or director		ed or typed name an	d title			
I further agree to performance of agent. Or, if this hereby confirm to	the appointment as registered agent an o comply with the provisions of all stat my duties, and I am familiar with and o s document is being filed merely to ref that the corporation has been notified i n Service Company	utes relative to th accept the obligat	ne proper and c tion of my posit	ion as r	egistes	red I	
By: Sym any me		06/04/2015					
Sign	nature of Registered Agent		Date				
If signing on bel	nalf of an entity:						
Sylvia Queppet,	Assistant Vice President						
Ту	ped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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