F00000004275

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 15, 2017

Order#: 771416-005

Re: MPHASIS CORPORATION

Enclosed please find:

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: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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	ange is submitted for a corporati	. 617,0502, 607.1508, or 617.1508, Florida Statutes, ion organized under the laws of the State of Delawal or registered agent, or both, in the State of Florida.	
	the corporation: MPHASIS COP		
2. The principal	office address: 460 Park Avenu	ue South, Suite 1101, New York, NY 10016	
3. The mailing a	address (if different):_2301 Mait	land Center Parkway, Suite 165, Maitland, FL 3275	1
4. Date of incor	poration/qualification: 07/28/20	000 Document number: F00000004275	
	d street address of the current regitinent of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)	
	Deborah Hoffman, Esq.		
	2301 Maitland Center Parkway	y, Suite 165	
	Maitland, FL 32751		21
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered office	2017. AUG 17
	Corporation Service Company		
	1201 Hays Street		AH 9:
	Tallahassee). Box NOT acceptable FL 32301	20
_		he street address of the business office of its register	
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an officer so been notified in writing of the change.	0
		Jonathan Sparks, Authorized Officer	
I hereby accept I further/agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete ith and accept the obligation of my position as regis ly to reflect a change in the registered office address notified in writing of this change.	stered ss, I
By: Cli	mkey	08/15/2017	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	, Asst. Vice President	_	
T	yped or Printed Name		

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