## F00000004382

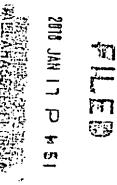
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



100304240051

01/17/18--01048--001 \*\*35.00



JAN 19 2018 T. LERMEUX





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: January 15, 2018

Order#: 997214-073

Re: O'BRIEN & GERE, INC. OF NORTH AMERICA

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: Marissa Rather-lopez 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 ch	ange is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Flor ion organized under the laws of the State or registered agent, or both, in the State	of NY
		RE, INC. OF NORTH AMERICA	<b>3</b>
		ton Street, Syracuse, NY 13202	
3. The mailing	address (if different): PO Box 48	373, Syracuse, NY 13221	
4. Date of incor	poration/qualification: 08/03/20	Document number: F000	000004382
	d street address of the current reprintment of State: (If resigned, entited)	gistered agent and registered office on fil er resigned)	e with the
	NRAI Services, Inc		
	1200 South Pine Island Road		
	Plantation	FL 33324	<del></del>
6. The name and (if changed):	d street address of the new regist  Corporation Service Company	ered agent (if changed) and /or registered	<b>4</b>
	1201 Hays Street		NW BIGZ
		). Box NOT acceptable	
	Tallahassee	FL 32301	T T
The street address changed will	ess of its registered office and the identical.	he street address of the business office b	filts registered agent.
Such change wa authorized by th	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so
	e E. agnie	Jill Cilmi	Vice President
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wi	Printed or typed name an agent and agree to act in this capacity of all statutes relative to the proper and a tith and accept the obligation of my posity to reflect a change in the registered of this change.	complete tion as registered
By: X M	re Cokubi	01/12/2018	
	half of an entity:	Date	
Grace E. Kirby,	Asst. Vice President		
T	yped or Printed Name	<del>-</del>	

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 \* \* \*