

(R	requestor's Name)			
. (Address)				
(A	ddress)			
(0	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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12/08/16--01014--010 **35.00

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R. WHILE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: December 6, 2016

Order#: 379280-007

Re: QUAKER AGENCY, 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: Tecora Bell 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, inge is submitted for a corporati r to change its registered office	on organized under the laws o	f the State of NJ		
1. The name of t	the corporation: QUAKER AGE	NCY, INC.			
	office address: DPHER WAY SUITE 201 EATO				
=	ddress (if different): 350 EATONTON NJ 07724				
4. Date of incorp	poration/qualification: 02/27/20	01 Document num	ber: F01000001097		
5. The name and	I street address of the current reg truent of State: (If resigned, enter	gistered agent and registered of			
	LADD JEANNE W				
	376 NW 42ND ST				
	BOCA RATON	FL 334	431		
6. The name and (if changed):	I street address of the new regist Corporation Service Company		r registered office	7	
	1201 Hays Street			,	
		D. Box NOT acceptable			
	Tallahassee	FL 32	301		
The street addre	ess of its registered office and the identical.	ne street address of the busine	ss office of its registered a	gent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of direction been notified in writing of the	tors or by an officer so e change.		
\\\\\	e E. Whi	Jill Cilmi, Vice Pres	ident		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered to comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been no Service Company	agent and agree to act in this f all statutes relative to the pr ith and accept the obligation of ly to reflect a change in the re	oper and complete of my position as registere gistered office address, I	— d	
By:	ace CKNOL	12/06/2016			
Sign	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	Asst. Vice President				
Ту	yped or Printed Name				

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