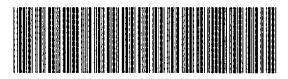
## TO100000 3318

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

Office Use Only



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(L. 65-19-50) (2-50), (405),

FEB 1 2019 CINICIVAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington . De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: February 1, 2019

Order#: 569558-075

Re: MANSFIELD SYSTEMS, 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: Katie Thomas

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 corpora	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of	GEORGIA
		e or registered agent, or both, in the State of	Florida.
1. The name of	the corporation: MANSFIELD S	SYSTEMS, INC.	
2. The principa	d office address: 1025 AIRPOR	T PKWY SW, GAINESVILLE, GA 30501	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 06/18/2	001 Document number: F01000	003318
	nd street address of the current re artment of State: (If resigned, en	egistered agent and registered office on file w ter resigned)	rith the
	C T CORPORATION SYSTE	Μ	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	2019 FEB
6. The name an (if changed):		stered agent (if changed) and /or registered of	~ · ·
	Corporation Service Compan	<u></u>	97 F
	1201 Hays Street	O. Box NOT acceptable	<b>5</b>
	Tallahassee	FL 32301	
The street addras changed will	ess of its registered office and to be identical.	the street address of the business office of it	s registered agent,
		y adopted by its board of directors or by an s been notified in writing of the change.	
	Xie & alnie	Jill Cilmi, Vice President	
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 it agent and agree to act in this capacity. of all statutes relative to the proper and convith and accept the obligation of my positionally to reflect a change in the registered offication of my writing of this change.	iplete i as registered
By: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	mature of Registered Agerk	01/21/2019 Date	
If signing on be	chalf of an entity:		
Grace E. Kirby,	Asst. Vice President		
T	yped or Printed Name		

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