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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| (City/State/Zip/Prione #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Cartifical Capies Cartificates of Status | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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C. LEWIS

JAN 3 1 2014

EXAMINER



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 llockar2@cscinfo.com

Date: January 24, 2014

Order#: 961168-091

Re: JUDICIAL CORRECTION SERVICES, 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 ch | ange is submitted for a corpo | 502, 617.0502, 607.1508, or 617.1508, Florida S ration organized under the laws of the State of $\frac{L}{2}$ ice or registered agent, or both, in the State of F | DE |
|--|--|---|-------------------|
| 1. The name of | the corporation: JUDICIAL C | ORRECTION SERVICES, INC. | |
| 2. The principa 6200 S SYF | l office address:RACUSE WAY #404, GREEN | IWOOD VILLAGE CO 30111 | |
| 3. The mailing | address (if different): | | |
| 4. Date of incor | poration/qualification: 04/18 | /2002 Document number: F0200000 |)1945 |
| | d street address of the current rtment of State: (If resigned, e | registered agent and registered office on file wit enter resigned) | h the |
| | CT CORPORATION SYST | EM | 三百二 |
| | 1200 S PINE ISLAND RD | | SECULIARIAN 27 |
| | PLANTATION | FL 33324 | |
| 6. The name and (if changed): | d street address of the new reg | gistered agent (if changed) and /or registered offi | |
| | Corporation Service Compa | any | 2. |
| | 1201 Hays Street | | |
| | Tallahassee | P.O. Box NOT acceptable FL 32301 | |
| | - and lassee | TE 32301 | |
| The street address changed will | ess of its registered office and be identical. | d the street address of the business office of its | registered agent, |
| Such change was authorized by the | as authorized by resolution do ne board, or the corporation h | uly adopted by its board of directors or by an orange been notified in writing of the change. | fficer so |
| | | Dona Priebe | Vice President |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | to comply with the provisions my duties, and I am familiar is document is being filed me | Printed or typed name and title and agree to act in this capacity. It is sof all statutes relative to the proper and comp with and accept the obligation of my position arely to reflect a change in the registered office in notified in writing of this change. | as registered |
| Bying | anemen | 1/22/2014 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| | , Asst Vice President | | |
| 7 | yped or Printed Name | | |

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 * * *