## FOZOOOO2493

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

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RAROCHS

APR 11 2016

ALBRITTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: April 5, 2016

Order#: 078502-015

Re: ARBITRAGE COMPLIANCE SPECIALISTS INC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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 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	nnge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Colorado or registered agent, or both, in the State of Florida.
		COMPLIANCE SPECIALISTS, INC.
2. The principal	office address: 5975 S. Quebec	c Street, Suite 205, Centennial, CO 80111
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 05/13/20	002 Document number:F02000002493
	d street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)
	Business Filings Incorporated	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	I street address of the new registe	rered agent (if changed) and /or registered office
	Corporation Service Company	70 TO THE REST OF
	1201 Hays Street	
•	P.O Tallahassee	FL 32301
The street addre as changed will		ne street address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Signako	E. of an officer of director	Printed or typed name and title
l further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of my duties, and I am familiar wi is document is being filed merel	agent and agree to act in this capacity. f all statutes relative to the proper and complete ith and accept the obligation of my position as registered ly to reflect a change in the registered office address, I totified in writing of this change.
By: کبیب	august	04/04/2016
•	nature of Registered Agent	Date
	Asst. Vice President	
	ped or Printed Name	_

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