## T0200003594

(Re	equestor's Name)	_
(Ad	ddress)	<u> </u>
•	,	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
_	<u>—</u>	<del>_</del>
(Bi	usiness Entity Nar	пе)
(De	ocument Number)	
,	•	
	0.00	
Certified Copies Certificates of Status		
Special Instructions to	Eiling Officer	
opecial mediations to	,g ee	

Office Use Only



000324260740

02/08/19--01016--019 \*\*\$5.00

2818 FEB -8 A IO: 51

alklago

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida S. poration organized under the laws of the State of $ frac{ee}{}$ flice or registered agent, or both, in the State of Fi	'irginia	-
I. The name of	the corporation: TIBURON,	INC. OF VIRGINIA		
2. The principal	l office address: 9477 waple	es street STE 100 san diego, CA 92121		
<del></del>	***			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/2	26/2002 Document number: F0200000	)3594	
	d street address of the currer rtment of State: (If resigned	nt registered agent and registered office on file wit , enter resigned)	E c com . Martin	Ti
	NRAI Services, Inc.		#1. 변 12. 변	orparass gramass
	515 East Park Avenue		me co	m
	Tallahassee	FL 32301		O
6. The name and (if changed):	d street address of the new re	egistered agent (if changed) and /or registered offi	ce Se	
	Corporation Service Comp	pany		
	1201 Hays Street			
	<del>-</del>	P.O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office a be identical.	nd the street address of the business office of its	registered age	nt,
Such change wa authorized by th	is authorized by resolution ie board, or the corporation	duly adopted by its board of directors or by an of has been notified in writing of the change.	licer so	
	xee & Come	Jill Cilmi, Vice President		
Signatu	)	Printed or typed name and title		-
I further agree i performance of agent, Or, if thi hereby confirm	to comply with the provision my duties, and I am familia is document is being filed n	red agent and agree to act in this capacity, ns of all statutes relative to the proper and comp, ir with and accept the obligation of my position a nerely to reflect a change in the registered office sen notified in writing of this change.	is registered –	
By: X	are tokuble	02/04/2019		_
Ţ.	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President			
Ty	ped or Printed Name			

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

MAKE CHECKS DAVADER TO BLODINA DEDADESSERVE OF STATE