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

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Spencer Boyden spencer.boyden@cscglobal.com

Date: May 9, 2018

Order#: 201299-005

Re: BOSTON BARRICADE COMPANY 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: Spencer Boyden 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

155	provisions of sections (·				
in orde	er to change its register	ed office or registere	d agent, or bo	th, in the State of I	Torida.	
1. The name of	the corporation: BOST	ON BARRICADE CO	MPANY INC.	; · <u>, .</u>		
	l office address: 1151 1 CH, FL 32960	9TH STREET	· · · · · · · · · · · · · · · · · · ·	3		
	e Braid			·		
3. The mailing a	address (if different):		, , , , , , , , , , , , , , , , , , , ,			
4. Date of incor	poration/qualification:	12/27/2002	Document	number: F020000	006450	
5. The name and	d street address of the c riment of State: (If resig	urrent registered age	nt and registere	ed office on file w	ith the	
	ROSSWAY SWAN TIEI	RNEY BARRY LACEY	& OLIVER KEV	IN M BARRY		
	2101 INDIAN RIVER	BLVD. STE 200			, <u></u>	
	VERÓ BEACH	: 1	FL	32960		
6. The name and (if changed):	d street address of the n	ew registered agent (if changed) an	d /or registered of	,	
	Corporation Service (Company				
	1201 Hays Street				The Sales	
	P.O. Box NOT acceptable					
	Tallahassee		FL	32301		
The street address changed will	ess of its registered off be identical.	ice and the street add	iress of the bu	siness office of it	s registered agent,	
Such change we authorized by the	as authorized by resolu be board, or the corpora	tion duly adopted by ation has been notifi	vits board of d ed in writing o	lirectors or by an of the change.	officer so	
Chrillen F		C	YNTHIA J. PL	JTNAM	SECRETARY	
I hereby accept I further agree performance of agent. Or, if the hereby confirm Corporation	the appointment as reto comply with the promy duties, and I am fais document is being fithat the corporation has been service Compan	visions of all statute miliar with and acce led merely to reflect as been notified in w	aree to act in	e proper and com ion of my position he registered offic change.		
By: That CKWO 5-9-18 Signature of Registered Agent Date:						
If signing on be	half of an entity:					
	BY, ASSIST VICE PRI	ESIDENT				
-·	•	* * FILING FEE:	\$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)