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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/14/2015

NAME: C.H. GUERNSEY & COMPANY

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

15 APR 14 AM 2: 53

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Okiahoma</u> in order to change its registered office or registered agent, or both, in the State of Florida.

C.H. GUERNSEY & COMPANY

3. The mailing address (if different):___

1. The name of the corporation:_

4. Date of incorporation/qualification; February 28, 2003 Document number; F03000001036

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

	1201 Hays Street	<u> </u>		
	Tallahassee, FL 32301-2525	<u>17</u> (2)	ដ	
			APR	11 11
The name ar (if changed)	ad street address of the new registered agent (if changed) and /or registered	office		۰۰، ۱۱۲۰
(6)	National Corporate Research, Ltd., Inc.			
	155 Office Plaza Drive	یکند ۲۰۰۰ –	4 2:	
	P.O. Box NOT acceptable	- <u>1</u>	53	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Tallahassee, FL 32301

Signature of an officer or director

ARED STIGGE

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I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this chapge.

Signature of Registered Agent

If signing on behalf of an entity:

Sean Honan, Assistant Secretary

Typed or Printed Name

* * * 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)

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