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(Re	equestor's Name)		
(Ad	ldress)		
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(Cil	ty/State/Zip/Phon	e #)	
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. (Ви	usiness Entity Na	me)	
(Document Number)			
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JUN 28 2016 C. CARROTHERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes anthony.holmes@cscglobal.com

Date: June 20, 2016

Order#: 167298-035

Re: THE ROBERTS GROUP, P.S.C.

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: Anthony Holmes 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	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of <u>Ker</u> registered agent, or both, in the State of Flor	ntucky		
1. The name of t	he corporation: TRG, P.S.C.				
	office address: 239-C Southland D	rive, Lexington, KY 40503-1928			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 03/31/2003	Document number: F03000001	 562		
	I street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file with tesigned)	the		
	CT Corporation System				
	1200 S. Pine Island Road				
	Plantation, FL 33324		SECRETARY OF ALLAHASSET		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company	<u>. </u>	AKII:	100	
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301			
The street addre	ess of its registered office and the s be identical.	street address of the business office of its re	gistered agent	,	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		opted by its board of directors or by an offi en notified in writing of the change.	icer so		
Jill E. Cilmi, Asst. Vice President					
Signatu	Signature of an officer or director Printed or typed name and title				
I further agree is performance of agent. Or, if the hereby confirm	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and comple and accept the obligation of my position as o reflect a change in the registered office a fied in writing of this change.	registered		
By: Lina	co Cokuble	06/20/2016			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
T	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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