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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

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## REGISTERED AGENT CHANGE STRATACACHE INC.

Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$35.00

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10/7/2016

## **COVER LETTER**

Divisio	on of Corporations						
ST SUBJECT:	TRATACACHE, INC.						
SODJECT:	Name of Corpo	oration					
DOCUMENT	F03000002121 NUMBER:						
The enclosed S	Statement of Change of Registered Office/A	gent and fee are submitted for filing.					
Please return a	II correspondence concerning this matter to	the following:					
	TARA REASONER						
	Name of Contact	Person					
	STRATACACHE, INC.						
	Firm/Comp	any					
	2 RIVERPLACE, SUITE 200						
	Address	)					
	DAYTON, OHIO 45405						
	City/State and Z	Ip Code					
treasoner@stratacache.com							
	E-mail address: (to be used for futu	re annual report notification)					
For further info	ormation concerning this matter, please call	:					
TARA REASONER 937 220-9804							
	Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$	535.00 check made payable to the Departme	ent of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0 ange is submitted for a corport or to change its registered of	oration organized	under the laws of t	he State of		-
1. The name of	the corporation: STRATAC/	ACHE INC.				
2. The principal	office address: 2 RIVERPL	ACE SUITE 200	DAYTON, OH 45	405		
3. The mailing a	address (if different):	•				
4. Date of incor	poration/qualification: 04/2	8/2003	_ Document number	F03000002	121	
	d street address of the currer rtment of State: (If resigned		t and registered offic	ce on file with	the	•
	CHRISTOPHER RIEGEL					
	950 S. PINE ISLAND ROA	D		· · · · · · · · · · · · · · · · · · ·		
	PLANTATION, FL 33324				<b>6</b> 00	e, salist
6. The name an (if changed):	d street address of the new r			;	7	glad 499 a Mari 128 mb Ma Ti
	C T Corporation System					Ĭ, Ţ,
	c/o C T Corporation System					Ball Com
	Plantation, Florida 33324	P.O. Box. NOT acce	ptable			
The street addr	ress of its registered office a l be identical.	and the street add	ress of the business	office of its re	egistered age	ent,
	as authorized by resolution he board, or he corporation					
L m	ure of an officer of director	<u> </u>	Winder or type	CGCQQ	, CFC	Š
I hereby accept I further agree performance of agent. Or, if it hereby confirm	t the appointment as registe to comply with the provisic f my duties, and I am famill his document is being filed t that the corporation has b	red agent and agens of all statutes ar with and acce nerely to reflect i cen notified in wi	ree to act in this ca relative to the prop nt the obligation of a change in the regi iting of this change	npacity. per and comple my position as istered office a :	ele s registered iddress, l	
By: Mid	rporation System  Chill Holden gnamure of Registered Agent	9/	9/2016	Pato		~
If signing on be	ehalf of an entity:					
Michele	Holden - ASSISTA	nt Secreti	ury 9 CT Con	poration	_ Systin	ر

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

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

CR2E045 (03/12)