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Who



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: August 24, 2018

Order#: 353213-008

Re: REINICKE ATHENS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Logan Hall

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

statement of cha	provisions of sections 607.0502 inge is submitted for a corporati r to change its registered office	ion organized unde	er the la	iws of the	e State o	of GA	
1. The name of t	he corporation: REINICKE ATH	IENS, INC		_			
	office address: 2005 COMMER		GA 30	607			
3. The mailing a	ddress (if different): PO BOX 5	340, ATHENS, GA	30607		-,		<del> </del>
4. Date of incorp	poration/qualification: 06/20/20	003 Do	cument	number:	F0300	00003155	
	l street address of the current retiment of State: (If resigned, ent		register	ed office	on file	with the	
	NATIONAL REGISTERED AC	SENTS, INC.					
	1200 SOUTH PINE ISLAND RD						
	PLANTATION		FL	33324	F.S.		
6. The name and (if changed):	I street address of the new regist		iged) ar	nd /or reg	A Hered	्राष्ट्रिः 28	
	Corporation Service Company			<del></del>	<b>三</b> 第	1.7	
	1201 Hays Street  P O Box NOT acceptable						
	Tallahassee		FL	32301		_	
The street addre	ess of its registered office and to be identical.	he street address o	f the bi	usiness o	ffice of	fits regist	ered agent.
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has	v adopted by its bo been notified in v	ard of evriting	directors of the ch	or by a ange.	n officer:	so
Xie	Jill Cilmi, Vice President						
I hereby accept I further agree of performance of agent. Or, if thi hereby confirm Corporatio	the appointment as registered to comply with the provisions of my duties, and I am familiar with the corporation has been to Service Company	f all statutes relati ith and accept the ly to reflect a chai	o act in ive to th obliga- nge in t of this	he prope tion of m he regisi	acity. r and c	omolete	istered ess, l
BA: TVO	nature of Registered Agent			Date	ŧ		
If signing on be	half of an entity:						
Grace E. Kirby,	Assistant Vice President						
r	oped 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 \* \* \*