6/21/2018

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180001851763)))



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To:

Division of Corporations

Email Address:

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE VERSATERM, INC.

Certificate of Status	0
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FL

H18000185176 3

TO:

Amendment Section Division of Corporations

SUBJECT: VERSATERM, INC

Name of Corporation

DOCUMENT NUMBER, F03000004157

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:



Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

_{at (}888)

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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)

FLH1B000185176 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617 a corporation organized under the laws ared office or registered agent, or both,	of the State of OC
1. The name of the corporation: VER	-	·
2. The principal office address: 2300		
Ottawa, Ontario K2B7G1 (
4. Date of incompration/qualification	08/19/2003 Document nu	mber: F03000004157
,	current registered agent and registered	
CORPORATION	N SERVICE COMPANY	STATE OF THE STATE
1201 HAYS ST	REET	JUN OFFICE
TALLAHASSEE	FL 32301-2525	F COR
6. The name and street address of the (if changed):	new registered agent (if changed) and /	/or registered office
Registered Age	ent Solutions, Inc.	
155 Office Plaz	za Dr., Suite A	
Tallahassee, F	P.O. Box NOT acceptable L 32301	
The street address of its registered of as changed will be identical.	ffice and the street address of the busin	ness office of its registered agent,
Such change was authorized by resol authorized by the board, or the corpo	ution duly adopted by its board of direction has been notified in writing of	ectors or by an officer so the change.
/S/ Theresa Resules Signature of an officer or director	Theresa Rosa	ales Secretary
I hereby accept the appointment as r I further agree to comply with the pr performance of my duties, and I am J agent. Or, if this document is being	egistered agent and agree to act in the ovisions of all statutes relative to the lamiliar with and accept the obligation filed merely to reflect a change in the has been notified in writing of this cha	s capacity. proper and complete n of my position as registered registered office address, l
Signature of Registered Agent	06/14/2018	l hate
If signing on behalf of an entity:		
Justine Karnell - Assistant S	Secretary	
Typed or Printed Name		

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