F03000004210

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300314543633

06/20/18--01011--028 **35.00

ZOIN JUN 20 PRIZ: 97
SECRETARY OF STATE

RARDICHE

JUN 2 1 2018
I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: June 18, 2018

Order#: 245136-003

Re: ABSOLUTE STORAGE MANAGEMENT, INC.

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: Ashley Seeman 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.

OUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or reg	ganized under the lav	ws of the State of Te	nnessee	_	
	he corporation: ABSOLUTE STORAC	-	•			
2. The principal	office address: 1630 BONNIE LANE	SUITE 106 CORDO	VA TN 38016			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 08/22/2003	Document	number: F03000004	1210		
	I street address of the current registere tment of State: (If resigned, enter resigned,		ed office on file with	the		
	C T CORPORATION SYSTEM			~2		
	1200 SOUTH PINE ISLAND ROAD		ALL	918.	77	
	PLANTATION	FL	33324 ES	2018 JUN 20		
6. The name and (if changed):	street address of the new registered a Corporation Service Company	gent (if changed) and	d /or registered office	· "	ED	
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee	FL	32301			
The street addre	ess of its registered office and the street be identical.	et address of the bu	siness office of its re	egistered age	nt,	
Such change wa authorized by th	is authorized by resolution duly adop the board, or the corporation has been	ted by its board of d notified in writing o	lirectors or by an off of the change.	icer so		
	Xie & Coni	Jill Cilmi		CE PRESIDENT		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent to comply with the provisions of all simple duties, and I am familiar with and so document is being filed merely to rethat the corporation has been notified in Service Company		d or typed name and title this capacity. e proper and comple ion of my position as ne registered office a change.	ete s registered address, l		
By: The	co Cokubi	06/12/2018	Date		_	
_	nature of Registered Agent\ half of an entity:		1346			
	ASSISTANT VICE PRESIDENT					

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