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•					
(Re	equestor's Name)				
(Ad	idress)				
(Ad	idress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



800259110768

04/16/14--01023--010 **35.00

TALLAHASSE FINALE

APR 2 3 2014 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: Lindsey Lockard llockar2@cscinfo.com

Date: April 14, 2014

Order#: 085681-006

Re: PARKEON, 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: Lindsey Lockard

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	provisions of sections 607.0502, 6. inge is submitted for a corporation r to change its registered office or	organized under the la	rws of the State of	DE	_
1. The name of t	he corporation: PARKEON, INC.	· · · · · · · · · · · · · · · · · · ·			
	office address: ME DRIVE, UNIT 7, MOORESTO	AN N.1.08057			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 09/12/2003	Document	number:	004572	,
	I street address of the current registement of State: (If resigned, enter r		ed office on file w	rith the	
	NRAI SERVICES, INC.			_	
	1200 SOUTH PINE ISLAND ROA	d <i>A</i> D			
	Plantation	FL	33324	一类 34	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) an	nd /or registered of	APR 16 RETART LANGUSSE	
	Corporation Service Company				i ta
	1201 Hays Street			. O	
	P.O. B Tallahassee	ox NOT acceptable FL	32301	F	
The street addre	ess of its registered office and the be identical.	street address of the bu	usiness office of it	ts registered age	nt,
Such change was authorized by the	as authorized by resolution duly acte board weeks corporation has be	dopted by its board of c en notified in writing o	directors or by an of the change.	officer so	
	re of an officer or director	Dona Priebe, \	Vice President	nie –	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered ago to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not n Service Company	ent and agree to act in ll statutes relative to th and accept the obligat to reflect a change in t	this capacity ne proper and con tion of my position he registered offic	nplete n as registered	
By: Lyn	Dea C. Kuble	04/11/2014	Date		
	half of an entity:		Nate		
Grace E. Kirby,	Assistant Vice President				
Ty	yped or Printed Name				

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