F04000000838

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

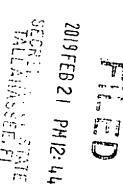




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R. WHITE FED 2 6 26.1





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kyle Rosin kyle.rosin@cscglobal.com

Date: February 19, 2019

Order#: 569582-004

Re: IMPACT UNLIMITED, 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: Kyle Rosin

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 ch	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida in organized under the laws of the State of ir registered agent, or both, in the State of	New Jersey	-
1. The name of	the corporation: IMPACT UNLIMI	TED, INC.		
	office address: 250 RIDGE ROA			
3. The mailing a	nddress (if different):			
4. Date of incorporation/qualification: 02/04/2004 Document number: F0400			0000838	
5. The name an		stered agent and registered office on file w		
	BLANTON, EDWIN F		_	
	610 SUMMERBROOKE DRIVE		-	
	TALLAHASSEE, FL 32312		2019 SEC	
6. The name and street address of the new register (if changed):			019 FEB 21 PH 12: 44	. 12
	Corporation Service Company		- P#	م ا
	1201 Hays Street		74.73 7.13	e para
	P.O. Tallahassee, FL 32301	Box NOT acceptable	. in ∓-	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of i	ts registered age	:nt.
Such change wanthorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an been notified in writing of the change.	officer so	
X.	er & Conei	Jill Cilmi, Vice President		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and to gent and agree to act in this capacity, all statutes relative to the proper and con h and accept the obligation of my position to reflect a change in the registered offic tifled in writing of this change.	nplete n as registered	_
By: Yn	co tokuble	01/09/2019		_
	nature of Registered Agant half of an entity:	Date		
Grace E. Kirby,	Asst. Vice President			
Ţ	vped or Printed Name	-		

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