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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscqlobal.com

Date: September 4, 2015

Order#: 758726-006

Re: FPMI SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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:

Wilmington, DE 19808

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

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	aange is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida S rganized under the laws of the State of gistered agent, or both, in the State of F	DE	
1. The name of	f the corporation: FPMI SOLUTIONS,	INC.		
2. The principa				
3. The mailing	address (if different):			
4. Date of incorporation/qualification: 02/27/2004 Document number: F04000		001099		
	nd street address of the current register artment of State: (If resigned, enter res	red agent and registered office on file wisigned)	ith the	
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD)	* 5	
	PLANTATION	FL 33324	SEP	enemet Fig.
6. The name ar (if changed)	=	agent (if changed) and /or registered of	fice P	
	Corporation Service Company		1:2	U
	1201 Hays Street			
	P.O. Box Tallahassee	NOT acceptable FL 32301		
		reet address of the business office of it		ıt,
Such change vauthorized by	was authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an notified in writing of the change.	officer so	
	/	Dona Priebe, Vice President		
I hereby accept further agree performance of agent. Or, if thereby confirmations	of my duities, and I am familiar with a	Printed or typed name and the standagree to act in this capacity. statutes relative to the proper and come accept the obligation of my position reflect a change in the registered officied in writing of this change.	iplete 1 as registered	
Ву:	maco Cokubio	09/02/2015		
	ignature of Registered Agent	Date		
If signing on b	pehalf of an entity:			
Grace E. Kirb	y, Assistant Vice President Typed or Printed Name			
	A J Print OL A LILLION A THERE			

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