Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

BARON SERVICES, INC.

Certificate of Status	0
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Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati inge is submitted for a corporation organized under the laws of the State of <u>Dela</u> or to change its registered office or registered agent, or both, in the State of Flori	wine in
1. The name of t	the corporation: Baron Scrvices, Inc.	***
2. The principal		
3. The mailing a	ddress (if different);	
4. Date of incom	poration/qualification: 04/20/2004 Document number: F04000002	182
	I street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)	* IAE 8
	ALA REGISTERED AGENT INC	O9 MAR SECRET TALLAH
	5647 110TH AVE. NORTH	R 31
	ROYAL PALM BEACH FL 33411-0000 US	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	Y 1:37 STATE FLORID
	C T Corporation System	Ď, iii
	c/o C T Corporation System, 1200 South Pine Island Road	• •
	(P.O. Rox NOT exceptable)	
	Plantation, Florida 33324	
The street addre	as of its registered office and the street address of the business office of its re- be identical.	gistered agent,
Kenes	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change. Renee V. Truly VP corporation of the change of the change of the change of the change of the change.	
I hereby accept I farther acree to of my duties, and document is beli corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complet d I am familiar with and accept the obligation of my position as registered aging filed marely to reflect a change in the registered office address, I hareby cobern notified in writing of this change.	
By:	CT Corporation System 1 1/1 03/3/ 2009	
(Sig	printure of Registront Agent) (Date)	
If signing on bel	half of an entity:	
	dley Asst. Secretary	
(1)	yped of Printed Name)	
	* * * FILING YEE: \$35.00 * * *	
M/	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE ALL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323	14

FL006 - (0/06/2018 C T System Colline

CR2E045 (8/05)