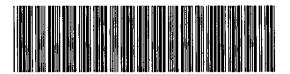
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(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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2016 HAR 29 AH 4: 24

SECKETARY OF STATE

THE SECKETARY OF STATE

APR 0 4 2016

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: Mary Rivers mary.rivers@cscglobal.com

Date: March 25, 2016

Order#: 069169-001

Re: HY CITE CORPORATION

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: Mary Rivers

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	nge is submitted for a corpord	02, 617.0502, 607.1508, or 617.1508, Florida Station organized under the laws of the State of $\frac{V}{C}$ ce or registered agent, or both, in the State of Fl	/isconsin		
1. The name of t	he corporation: HY CITE COR	RPORATION			
2. The principal					
3. The mailing a	ddress (if different):		•		
4. Date of incorp	poration/qualification: 06/15/2	2004 Document number: F0400000	3455		
	I street address of the current it tment of State: (If resigned, ea	registered agent and registered office on file with nter resigned)	n the		
	C T CORPORATION SYSTI	EM			
•	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324	2016 MAR SEORET		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Compa	ny			
	1201 Hays Street		FLUVIE FL		
	P.O. Box NOT acceptable		E T		
	Tallahassee	FL 32301			
The street addre	ess of its registered office and be identical.	the street address of the business office of its	registered agent,		
Such change wa authorized by th	\/	ly adopted by its board of directors or by an of as been notified in writing of the change.	ficer so		
	Xie E. almi	Jill Cilmi	Vice President		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions my duties, and I am familiar is document is being filed me	Printed or typed name and title d agent and agree to act in this capacity, of all statutes relative to the proper and comp with and accept the obligation of my position a rely to reflect a change in the registered office a notified in writing of this change.	is registered		
By:	Man a Communication of Registered Agent	03/25/2016 Date			
	half of an entity:	Dute			
Grace E. Kirby,	Assistant Vice President				
	ped or Printed Name				

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