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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)796-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*

| Emai | 1 | Address: | : |
|------|---|----------|---|
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## REGISTERED AGENT CHANGE STEVEN SCHAEFER ASSOCIATES, INC.

| Certificate of Status | 0       |  |
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## COVER LETTER

TO: Amendment Section Division of Corporations

STEVEN SCHAEFER ASSOCIATES, INC.

Name of Corporation

F000003847

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Amy Gaines** 

Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Gaines

at (888 705-7274
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| -   | · · · · · · · · · · · · · · · · · · ·                      |   | 2, 607.1508, or 617.1508,<br>ized under the laws of the   |  | ris         |
|---|--|---|---|--|-------------|
| -   | •  | •   | ered agent, or both, in the   | ·                                      | <del></del> |
|   |  |   | ER ASSOCIATES, I  | INC.                                   |             |
| 2. The principal  | office address: 10411 I                                    | MEDALLION   | DR UNIT 121   |  |             |
| CINCINN   | ATI  | OH  | 45241-4817  |  |             |
| 3. The mailing a  | ddress (if different):                                     |   |   |  |             |
| 4. Date of incorp   | oration/qualification: 0                                   | 7/07/2004   | Document number:  | F000003847                             | F0400       |
|   | street address of the curr<br>trnent of State: (If resigne | ~   | gent and registered office<br>ed)   | on file with the                       |             |
|   | NRAI SERVICES,   | INC   |   | ····                                   |             |
|   | 1200 South Pine Is   | land Road   |   |  |             |
|   | Plantation, FL 333   | 24  |   | 2018<br>1A1LL                          |             |
| 6. The name and (if changed):   | street address of the new                                  | v registered age  | nt (if changed) and /or reg   | TS- *** ****                           | FILE        |
|   | Registered Agent   | Solutions,  | lnc.  | —————————————————————————————————————— | m           |
|   | 155 Office Plaza I   |   | <del> </del>  |  |             |
|   | Tallahassas El 3   | P.O. Box NOT  | acceptable  |  |             |
|   | Tallahassee, FL 3  | )Z3U I  |   |  |             |
| The street addre<br>as changed will   | ss of its registered office<br>be identical.               | e and the street  | address of the business of  | ffice of its registere                 | ed agent,   |
| Such change wa<br>authorized by th  | s authorized by resolution board, or the corporation       | on duly adopted<br>on has been no                           | by its board of directors tified in writing of the cha  | or by an officer so<br>ange.           |             |
| /S/ Nathan  | J  |   | Nathan F. Baugh   | Contro                                 | ller        |
| I hereby accept<br>I further agree t<br>performance of<br>agent. Or, if thi | o comply with the provis                                   | tions of all stati<br>iliar with and a<br>I merely to refle | Printed or typed of agree to act in this cape attes relative to the proper accept the obligation of my act a change in the register writing of this change. | rcity.<br>and complete                 | cred<br>. I |
| ه   | W Comment Asset  | <u>.</u>  | 08/03/2018  |  | <del></del> |
|   | nature of Registered Agent<br>half of an entity;           |   | Date  |  |             |
| Justine Karn  | ell - Assistant Sed  | cretary   |   |  |             |
| Ty  | ped or Printed Name  |   |   |  |             |