FC400004094

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

Office Use Only



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JAN 0 5 2019 S. YOUNG



CSC - WILMINGTON / 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: December 24, 2018

Order#: 545446-007

Re: ACCLARIS, 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:

Attn: Ami Casper

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 cha	unge is submitted for a corporation	7.0502, 607.1508, or 617.1508. Florida . organized under the laws of the State of _	Delaware
		registered agent, or both, in the State of I	Florida.
	the corporation: ACCLARIS, INC.		
2. The principal	office address: 1511 N. West Short	re Boulevard, Suite 350, Tampa, FL 336	507
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/19/2004	Document number: F040000	004094
	I street address of the current registertment of State: (If resigned, enter re	ered agent and registered office on file wi	ith the
	NRAI Services, Inc.		F: 15
	1200 South Pine Island Road		
	Plantation	FL 33324	22. S2
6. The name and (if changed):	istreet address of the new registered Corporation Service Company	d agent (if changed) and /or registered of	26 MAN 11: 29
	1201 Hays Street		
	P.O. Box Tallahassee	x NOT acceptable FL 32301	
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its	s registered agent,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an on notified in writing of the change.	officer so
le X	2. GONE	Jill Cilmi, Vice President	
Signatu	re of an officer or director	Printed or typed name and title	•
I Surther agree to performance of agent. Or, if this hereby confirm	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and com, and accept the obligation of my position of reflect a change in the registered officined in writing of this change.	plete as registered e address. I
By: (e	um Key	12/24/2018	
_	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ami M. Casper,	Asst. Vice President		
Tv	ped or Printed Name		

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