FOLIONIO 1630

| (Requestor's Name) | | | | |
|---|-------------------|-----------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| . DICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | e) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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ECRETARY OF STATE TALLAHASSEE, FL

TED

R. WHITE SEP 17 2018



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@cscglobal.com

Date: September 7, 2018

'Order#: 377024-005

Re: THE COMTRAN GROUP, 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

| - | • | | 17.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of <u>Geo</u> | |
|--|--|---|---|-----------------------------------|
| in orde | r to change its) | registered office or | registered agent, or both, in the State of Florid | la. |
| 1 The name of t | he corporation: | THE COMTRAN | GROUP, INC. | |
| | | | Drive, Buford, GA 30518 | |
| 3. The mailing a | ddress (if differ | rent): | | |
| 4. Date of incorp | ooration/qualifi | cation: 11/16/2004 | Document number: F040000065 | 30 |
| | | of the current regis (If resigned, enter r | tered agent and registered office on file with the resigned) | e |
| | C T Corporation | on System | | s ~ |
| 1200 South Pine Island Road | | | | ECR TAL |
| | Plantation, FL | 33324 | | 018 SEP 11 SECRETAR TALLAHA |
| 6. The name and (if changed): | street address | of the new registere | ed agent (if changed) and /or registered office | PM 12: SSEE, F |
| | Corporation S | ervice Company | | 56 |
| | 1201 Hays St | reet | | |
| | Tollahasana | P.O. B | fox NOT acceptable | |
| | Tallahassee | | FL 32301 | |
| The street address changed will | ess of its registe be identical. | ered office and the | street address of the business office of its reg | istered agent, |
| Such change wa authorized by the | ns authorized by ne board, or the | y resolution duly a corporation has be | dopted by its board of directors or by an officen notified in writing of the change. | er so |
| _ Cla | Claudia Santos, Assistant Secretary | | | |
| I hereby accept I further agree i performance of agent. Or, if th hereby confirm | to comply with my duties, and is document is | nt as registered ag the provisions of a I am familiar with being filed merely ration has heen not | Printed or typed name and title ent and agree to act in this capacity. ill statutes relative to the proper and complete and accept the obligation of my position as r to reflect a change in the registered office ad- ified in writing of this change. | registered |
| By: Ce | mature of Registered | Avent | 09/07/2018 | |
| If signing on be | | - | J-11-2 | |
| Ami M. Casper | , Asst. Vice Pre | esident | | |
| T | voed or Printed Nam | <u></u> | | |

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