F05000066788

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

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K/Kcy

S. TALLENT SEP 3 0 2016 16 SEP 27 PH 3: 39
SECRETARY OF STATE
AND ANASSEE FLORIDA



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: September 22, 2016

Order#: 303218-002

Re: DEPARTURE MEDIA, 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: Grace Kirby 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 ch	nange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida State of NC registered agent, or both, in the State of Flor		
1. The name of	the corporation: DEPARTURE ME	EDIA, INC.		
2. The principa	ol office address: g Street, Suite 310, Charleston, So			
3. The mailing	address (if different): PO Box 315	77, Charleston, SC 29417		
4. Date of inco	rporation/qualification: 11/22/2009	Document number: F05000006	788	
5. The name an		stered agent and registered office on file with		
	NRAI Services, Inc			
	1200 South Pine Island Road		₹ss →	
	Plantation	FL 33324	ALLAH EGRED 35 9	
6. The name an (if changed):		red agent (if changed) and /or registered office	E R	ILED.
	1201 Hays Street		3: 39 IATE DRIDA	
		Box NOT acceptable		
	Tallahassee	FL 32301		
The street addr as changed wil	ress of its registered office and the ll be identical.	street address of the business office of its re	gistered agent,	1
Such change wanthorized by	vas authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or by an officen notified in writing of the change.	cer so	
الفلا	r E. almi	Jill Cilmi, Vice President		
	ure of an officer or director	Printed or typed name and title		
I further agree performance o agent. Or, if the hereby confirm	to comply with the provisions of a familiar with	tent and agree to act in this capacity. All statutes relative to the proper and comple I and accept the obligation of my position as to reflect a change in the registered office a tified in writing of this change.	registered	
Drace	2-Kuby gnature of Registered Agent	09/22/2016 Date	 	
	ehalf of an entity:	Date		
Grace E. Kirby	, Assistant Vice President			
	Typed or Printed Name			

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