Page 2 of 3

2/8/2018

2018-02-06 12:50:57 CST

19542080845 From: Ranae McGraw

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

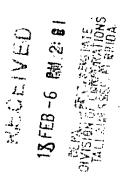
Account Number : FCA000000023

: (614)280-3338

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



REGISTERED AGENT CHANGE THE SOLUTION DESIGN GROUP, INC.

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T. LEMIEUX

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

	provisions of sections 607, ange is submitted for a corp				s
	er to change its registered o	_	•	•	·
1. The name of	the corporation: THE SOLU	JTION DESIGN GR	OUP, INC.		
	l office address: 3185 SOUT			FL 32812	
в. тые рашегра	. •••••••••••••••••••••••••••••••••••••	······································		•	
3. The mailing a	address (if different): P.O. E	Box 560280, Orlando	, FL 32856		
4. Date of incor	poration/qualification: 02/	16(2006	_ Document number:	F06000001530	
	d street address of the curre		and registered office	on file with the	
	PORTER, GLEN VP/COO		_		
	3185 SOUTH CONWAY F	road, suite d			
	ORLANDO, FL 32812				
6. The name and (if shanged):	d street address of the new	registered agent (if	changed) and /or reg	istered office	
	C T Corporation System				TIP .
	c/o C T Corporation System	n, 1200 South Pine Is	land Road	100 CB	
	Plantation, Florida 33324	P.O. Box, NO1 accept	able	→	HTT FIRE
The street address changed will	ess of its registered office : be identical.	and the street addre	ess of the business o	ffice Till reg Rered	agent,
Such change wa authorized by th	as pathorized by resolution the board, of the corporation	t duly adopted by in has been notified	s board of directors in writing of the ch	or by an officer so ange.	
Signary	ire of an officer or director	Gle	n Porter Vice Preside		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registi to comply with the provision my duties, and I am famili is document is being filed that the corporation has b	ered agent and agr ons of all statutes r iar with and accept merely to reflect a ween notified in wri			ed
By:	poration System		2/10	118	
If signing on be	half of an entity: April Wittenwyler		Dik		
,	Assistant Secretary			•	
· T	yped or Printed Name;				

* * * FILING FEE: \$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)