Division of Corporations Electronic Filing Cover Sheet

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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)706-7274

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Email Address:__

REGISTERED AGENT CHANGE

MUSSETT, NICHOLAS & ASSOCIATES, INC.

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Enter the Fex Audit Number Here

FL

TO: Amendment Section Division of Corporations

SHRIEGE MUSSETT, NICHOLAS & ASSOCIATES, INC.

Name of Corporation

OCUMENT NUMBER: F06000005383

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

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:

Mary Castillo

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705-7274

Name of Contact Person

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

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

statement of che	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or regi	ganized under the laws of the State of	/ Indiana
1. The name of	the corporation: MUSSETT, NICH	HOLAS & ASSOCIATES, INC	o
	office address: 502 S WEST ST.		
	DOLLO INLAGODE		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 08/15/2006	Document number: F060	00005383
5. The name an Florida Depa	d street address of the current registere artment of State: (If resigned, enter resigned,	d agent and registered office on file gned)	with the
	C T CORPORATION SYSTE	<u> </u>	17 18:
	1200 SOUTH PINE ISLAND	ROAD	SECRETARY ALLAHASSE
	PLANTATION, FL 33324	<u></u>	TAKY ASSI
6. The name an (if changed):	nd street address of the new registered a	igent (if changed) and /or registered (
	Registered Agent Solutions	s, Inc.	10A 10A
	155 Office Plaza Dr., Suite	Α	
		NOT acceptable	
	Tallahassee, FL 32301		_
	ress of its registered office and the stre I be identical.		
Such change wanthorized by t	vas authorized by resolution duly adop the board, or the corporation has been	ned by its board of directors or by a notified in writing of the change.	n officer so
/s/ Tim Sc	hwalm	Tim Schwalm	Treasurer
I hereby accep I further agree performance o	of the appointment as registered agent to comply with the provisions of all stands and the comparation has been notified the proportion of the provision of the pr	and agree to act in this capacity, statutes relative to the proper and co ad accept the obligation of my positive fellect a change in the registered of	omplete on as registered
Si	ignature of Registered Agent	Date	
If signing on b	ehilf of an entity:	•	
	nell - Assistant Secretary		
	Typed or Printed Name		