F0600000 6474

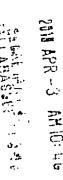
(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		!		





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04/03/19--01010--012 **35.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 1, 2019

Order#: 701007-007

Re: VIAMEDIA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Ashley Seeman

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.

OUCA.XCOA

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

		17.0502, 617.0502, 607.1508, or prporation organized under the				
in orde	r to change its registered	d office or registered agent, or b	both, in the State of Florid	la.		
L. The name of	the corporation: Viamedi	a, Inc.				
2. The principal	office address: 220 Lexi	ngton Green Circle, Suite 300,	Lexington, KY 40503			
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 1	0/11/2006 Docume	nt number: F0600000647	4		
	d street address of the cur riment of State: (If resign	rrent registered agent and registi led, enter resigned)	ered office on file with the	:		
	Business Filings Incorp	oorated		\$1.00 E		
	1200 South Pine Island	! Road		节 3		
	Plantation	Fl	_ 33324	一意		
6. The name and (if changed):	I street address of the nev	w registered agent (if changed)	and /or registered office	484 2		
	Corporation Service Co	ompany				
	1201 Hays Street					
	P.O. Box. NOT acceptable					
	Tallahassee	Fl	32301			
The street addre	ess of its registered offic be identical.	e and the street address of the l	business office of its regi	stered agent.		
Such change was authorized by the	as authorized by resolutions board, or the corporat	on duly adopted by its board of ion has been notified in writing	f directors or by an office g of the change.	r so		
Ala	ug 1.	Frank Conno	lly, Treasurer			
Signatu	re of an officer or director	Pri	nted or typed name and title			
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provi my duties, and I am fam is document is being file	stered agent and agree to act i sions of all statutes relative to siliar with and accept the oblig ed merely to reflect a change in s been notified in writing of this	the proper and complete ation of my position as re the registered office add	egistered Fess, I		
By: Drai	e C-Kuble	()3/25/2019			
Sig	nature of Registered Agont		Date			
If signing on be	half of an entity:					
Grace E. Kirby,	Asst. Vice President					
T	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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