F0700000 1129

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

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: August 14, 2019

Order#: 863158-046

Re: PORTS AMERICA GULFPORT, 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: Matthew Ermak 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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of LOUISIANA registered agent, or both, in the State of Florida.
1. The name of t	the corporation; PORTS AMERICA	GULFPORT, INC.
		JE, SUITE 201, GULFPORT, MS 39501:
3. The mailing a	address (if different): 55 N ARIZON	A PL STE 400, TAX DEPARTMENT. CHANDLER, AZ 8522
4. Date of incorp	poration/qualification: 02/27/2007	Document number: F07000001129
	I street address of the current regist timent of State: (If resigned, enter r	ered agent and registered office on file with the esigned)
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROA	AD
	PLANTATION	FL 33324
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registered office
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·
	1201 Hays Street	- 1 · α · · · · · · · · · · · · · · · · ·
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and the sbe identical.	street address of the business office of its registered agent.
		lopted by its board of directors or by an officer so en notified in writing of the change.
X	ie E. Cionie	Jill Cilmi, Vice President
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of al mv duties, and I am familiar with	Printed or typed name and title ant and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered or reflect a change in the registered office address, l ified in writing of this change.
•	are L'Kubly nature of Registered Agent	08/13/2019
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
	Asst. Vice President	
17	yped or Printed Name	

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