Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180003159403)))



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To:

Division of Corporations

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Account Number : FCA0000000023

: (614)280-3338

Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE RESUN MODSPACE, INC.

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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C. GOLDEN

NOV - 6 2018



November 2, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUN MODSPACE, INC. 1200 SWEDESFORD ROAD BERWYN, PA 19312US

SUBJECT: RESUN MODSPACE, INC.

REF: F07000001721

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Claretha Golden Regulatory Specialist II FAX Aud. #: H18000315940 Letter Number: 618A00022639

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

statement of char	ree is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida S n organized under the laws of the State of $^{ m L}$ r registered agent, or both, in the State of F	Seimogre	
	ne corporation: Resun ModSpace,			
2. The principal	office address: 1200 Swedesford F	Road, Berwyn, PA 19312		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/29/200	7 Document number: F0700000	01721	
5. The name and		istered agent and registered office on file wi		
	Corporation Service Company			
	1201 Hays Street			
	Tallahassee, FL 32301-2525		OI 8 NO	æ
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered of	S-K	i i
	C T Corporation System		AM S OF S SEE.	0 (C
	c/o C T Corporation System, 1200	0 South Pine Island Road	9: 09 STAT S.FL	
	P.O Plantation, Florida 33324	Box NOT acceptable	m w	
as changed will	be identical.	he street address of the business office of it		ıt,
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so	
A.		Leslic Martin, VP		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been t	agent and agree to act in this capacity. If all statutes relative to the proper and contitue and accept the obligation of my position by to reflect a change in the registered office of the writing of this change.	nplete n as registered	
By: Jan 1	peration System	10/26/2018		
•		Date		
	chalf of an entity: James M. Halpin			
C T Corporation		_		
	••	JING 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)