4/3/2015 14:04:21 From: To: 8505176380

Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842

Fax Number : (850)878-5368

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

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REGISTERED AGENT CHANGE PRO-VIGIL, INC.

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APR 0 6 2014

C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	unge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, t nized under the laws of the State of Texas ered agent, or both, in the State of Florida.	this	
1. The name of	the corporation: Pro-Vigil, Inc.			
2. The principal office address: 4710 PERRIN CREEK 380 SAN ANTONIO, TX 78217		E.	古	
				MER
3. The mailing address (if different):		7.5	고	
·			#2	
4. Date of incor	poration/qualification: 05/11/2007	Document number: F07000002578		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		ON DE	9: 00	
	NATIONAL CORPORATE RESEARCH	LTD., INC.	<i></i>	
	155 OFFICE PLAZA DRIVE			
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	d street address of the new registered age C T Corporation System	ent (if changed) and /or registered office		
	c/o C T Corporation System, 1200 South i			
	Plantation, Florida 33324	t acceptable		
		address of the business office of its register		
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an officer so nified in writing of the change.	D	
,	Y	Bradley L. Resnick, Vice President		
-	ure of an officer or director	Printed or typed name and title		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and ais document is being filed merely to ref that the corparation has been notified it	ed agree to act in this capacity tutes relative to the proper and complete accept the obligation of my position as regis lect a change in the registered office addres in writing of this change.	tered s, I	
Ву:	Corporation System	04/03/2015		
•	grature of Registered Agent	Date		
if signing on be	chalf of an entity:			
	nt.Secretary			

* * * 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)