## F0100000 3245

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of State	us		
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:			





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09/01/20--01025 -011 \*\*35.00

2020 SEP -1 PM 3: 15
SECRETARY OF STATE

JQ 10/13/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: August 28, 2020

Order#: 395426-025

Re: XCELLENCE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35...

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: Erika Zavala Daza

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.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation organ	
	5 5 5	red agent, or both, in the State of Florida.
	he corporation: XACT DATA DISCOVER	
2. The principal	office address: 5800 Foxridge Dr. SUITE	406, Mission, KS 66202
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 06/26/2007	Document number: F07000003245
	street address of the current registered at tment of State: (If resigned, enter resigne	gent and registered office on file with the d)
	CAPITOL CORPORATE SERVICES,	NC
	515 EAST PARK AVENUE 2ND FL	
	TALLAHASSEE, FL 32301	
6. The name and (if changed):	street address of the new registered ager	at (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	P.O. Box	NOT acceptable
	Tallahassee	FL 32301
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly adopted to board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
$\times_{\!\scriptscriptstyle{A}}$	ie P Comi	Jill Cilmi, Vice President
7	e of an Officer or director	Printed or typed name and title
I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and comply with the provisions of all state of a land accept the obling filed merely to reflect a change in the been notified in writing of this change.  Service Company	d agree to act in this capacity. ues relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: Mag.	¿ckubi,	08/28/2020
-	nature of Registeled Agent  half of an entity:	Date
	Asst. Vice President 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 \* \* \*