## F07000003291

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions	to Filing Officer	<del></del>	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 705125 7274728

AUTHORIZATION :

COST LIMIT - 2054354

ORDER DATE: June 29, 2017

ORDER TIME : 11:42 AM

ORDER NO. : 705125-015

CUSTOMER NO: 7274728

## CHANGE OF AGENT

NAME: PDP GROUP, INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

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

statement of cl	hange is submitted for a corpora	12, 617,0302, 607-1308, or 617,1308, Florida Statutes, this ition organized under the laws of the State of <mark>Matyland</mark> e or registered agent, or both, in the State of Florida.	<del>_</del> ~
	f the corporation: PDP Grou		
2. The principa	al office address: 10909 McC	Cormick Road, Hunt Valley, MD, 21031	
3. The mailing	address (if different):		
4. Date of inco	prporation/qualification: 6/27/	2007 Document number: F07000003291	
	nd street address of the current r artment of State: (If resigned, en	egistered agent and registered office on file with the nter resigned)	
	NRAI Services, Inc.		
	1200 South Pine Islan	nd Road	
	Plantation, FL 33324	- ()	1.7 
6. The name ar (if changed)		stered agent (if changed) and /or registered office	FILED NH 8: 56
	Corporation Service (	Dompany 26	; 5 <b>5</b> (
	1201 Hays Street		: 5 <b>5</b>
	Tallahassee, FL 323	O Box NOT acceptable	
The street add as changed wi	ress of its registered office and Il be identical.	the street address of the business office of its registered;	agent.
		ly adopted by its board of directors or by an officer so is been notified in writing of the change.	
har	( ) Nate of six officer or director	Janie V. Clark, Assistant Secretar	<u>y</u>
l hereby accept further agree performance of agent. Or, if t	of the appointment as registered to comply with the provisions of my duties, and I am familiar his document is being filed mer	l agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registere ely to reflect a change in the registered office address, I inotified in writing of this change.	rd
	M Fendar	6/28/2017	·· <del>·</del>
f signing on b	pehalf of an entity:	Date	
	Melissa Zender  Asst. Vice President  Typed or Printed Name	<del></del>	
		LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEF, FL 32314
CR2E045 (63/12)