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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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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Email Address:_

REGISTERED AGENT CHANGE CAPITAL LAND SERVICES, INC.

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COVER LETTER

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TO: Amendment Section Division of Corporations

⊙ 10/03/2018 9:34 AM

SUBJECT: CAPITAL LAND SERVICES, INC.

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Mary Castillo |
|--|
| Name of Contact Person |
| Registered Agent Solutions, Inc. |
| Firm/Company |
| 1701 Directors Blvd, Ste 300 |
| Address |
| Austin, TX 78744 |
| City/State and Zip Code |
| notices@rasi.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

15129570210

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

| 1. The name of the corporation: CAPITAL LAND SERVICES, INC. 2. The principal office address: 609 SOUTH KELLY AVE., SUITE D EDMOND, OK 73003 3. The mailing address (if different): 4. Date of incorporation/qualification: 09/14/2007 Document number: F07000004607 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) |
|--|
| EDMOND, OK 73003 3. The mailing address (if different): 4. Date of incorporation/qualification: 09/14/2007 Document number: F07000004607 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) |
| 3. The mailing address (if different): 4. Date of incorporation/qualification: 09/14/2007 Document number: F0700004607 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) |
| 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) |
| Florida Department of State: (If resigned, enter resigned) |
| |
| COGENCY GLOBAL INC. |
| 115 NORTH CALHOUN ST. SUITE 4 |
| TALLAHASSEE, FL 32301 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Registered Agent Solutions, Inc. |
| 155 Office Plaza Dr., Suite A |
| P.O. Box NOT seceptable |
| Tallahassee, FL 32301 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| /S/ Tyler -Barker Vice President Signature of an officer or director Printed or typed name and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 09/06/2018 |
| Signature of Registered Agent If signing on behalf of an entity: |
| Justine Karnell - Assistant Secretary |
| Typed or Printed Name * * * FILING FEE: \$35,00 * * * |