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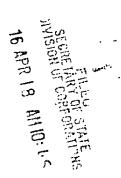
| (Re | equestor's Name) | | | |
|---|-------------------|--------------|--|--|
| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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APR 1 9 2016 C MCNAIR



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 14, 2016

Order#: 089714-005

Re: LAZER SPOT, 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: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

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 | provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist | nized under the laws of the State of <u>(</u> | Georgia | |
|--|--|--|---------------------|--|
| 1. The name of t | he corporation: LAZER SPOT, INC. | | | |
| | office address: H ROAD SUITE 900, ALPHARETTA, G | A 30005 | | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 02/20/2008 | Document number: F080000 | 00778 | |
| | street address of the current registered attment of State: (If resigned, enter resigned | - | th the | |
| | C T CORPORATION SYSTEM | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | 6 | |
| | PLANTATION | FL 33324 | FPR CONT | |
| 6. The name and (if changed): | street address of the new registered age | nt (if changed) and /or registered off | 16 APR 19 AN 10: L' | |
| | Corporation Service Company | | | |
| | 1201 Hays Street | | | |
| | P.O. Box NOT | • | | |
| | 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 was authorized by th | authorized by resolution duly adopted board, or the corporation has been no | I by its board of directors or by an outfied in writing of the change. | officer so | |
| | Jue & alprei | Jill Cilmi | Vice President | |
| Signatia | e of an officer or director | Printed or typed name and title | : | |
| I further agree i performance of agent. Or, if thi hereby confirm | the appointment as registered agent an ocomply with the provisions of all stat my duties, and I am familiar with and a socument is being filed merely to refithat the corporation has been notified in Service Coppany | utes relative to the proper and comp accept the obligation of my position lect a change in the registered office | as registered | |
| Ву: | naco Cotubio | 04/13/2016 | | |
| _ | half of an entity: | Date | | |
| | Assistant Vice President | | | |
| | yped or Printed Name | | | |

* * * FILING FEE: \$35.00 * * *