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Division of Corporations Electronic Filing Cover Sheet

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(((H18000210419 3)))



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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

Fax Number : (888)706-7274

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

Email	Address:	
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REGISTERED AGENT CHANGE PROSOCO, INC.

Certificate of Status	0
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Page Count	01
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H180002104193

COVER LETTER

TO:

Amendment Section Division of Corporations

08000001882

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:



Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

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:

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

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

statement of cha	provisions of sections 607.6 inge is submitted for a corp ir to change its registered o	oration organ	nized under the laws of the	State of DELAWARE			
	the corporation: PROS			·			
2. The principal LAWRE	office address: 3741 G	REENV KS	VAY CIRCLE 66046				
3. The mailing a	address (if different):			,			
4. Date of incor	poration/qualification: 04	/25/2008	B Document number:	F08000001882			
5. The name and	d street address of the current rtment of State: (If resigned	nt registered a	igent and registered office	on file with the			
	CT CORPORATION SYSTEM						
	1200 S. PINE ISLAND RD.						
	PLANTATION,	FL 3332	4	Sign of the state			
6. The name and (if changed):	d street address of the new r	egistered age	nt (if changed) and /or reg	プ: C. ピ			
	Registered Agent Solutions, Inc.						
	155 Office Plaza Dr., Suite A						
	Tallahassee, FL 32	P.O. Box NOT	secceptable				
The street address changed will	ess of its registered office a be identical.	and the street	address of the business o	ffice of its registered agent,			
Such change was authorized by the	as authorized by resolution he board, or the corporation	duly adopted n has been no	by its board of directors tified in writing of the ch	or by an officer so ange.			
S/ Matt Trav			Matt Travis	Vice President of Operations			
I hereby accept I further agree performance of agent. Or, if th	re of an officer or director the appointment as registe to comply with the provisic my duties, and I am famili is document is being filed i that the corporation has b	ons of all state ar with and a merely to refl	d agree to act in this cap utes relative to the prope accept the obligation of m ect a change in the regist	acity. r and complete v position as registered			
	yr .		07/20/2018				
	nature of Registered Agent that f of an entity:		Date	;			
Justine Karr	nell - Assistant Secr Sped or Printed Name	etary					
	***	FILING FE	E: \$35.00 * * *				