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SECRETARY OF STATE
TALLARIASSEL FLORID

2/A CMG APR 05 2016

R. WHILE



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

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 24, 2016

Order#: 067157-010

Re: GIBSON CONSULTING GROUP 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: Ami Casper 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

				17.1508, Florida Statute ws of Texas		
				th, in the State of Florida		
1. The name of t	he comoration: G	IBSON CONSULTING	SROUP INC.			
2. The principal	office address: 18	01 S. Mopac Expressw	ay, Suite 270,	Austin, TX 78746		
3. The mailing a	ddress (if different	PO Box 163356, Aus	atin, TX 78716			
4. Date of incorp	oration/qualificati	on: 06/26/2008	Document	number: F08000002870	6	
5. The name and	street address of t		ent and register	ed office on file with the		
	C T Corporation S	System				
	1200 South Pine	Island Road			₩.,	
	Plantation, FL 33	3324				6 HAR
6. The name and (if changed):	street address of t	the new registered agent	(if changed) an	d /or registered office	Constitution of the consti	28
	Corporation Serv	ice Company			The second secon	MH: 3
	1201 Hays Street	L			製料	ယ္သ
	T -N-1	P.O. Box NOT at	-	00004	, Sum	
	Tallahassee		FL	32301		
The street addre	ss of its registered be identical.	d office and the street ac	idress of the bu	siness office of its regis	tered age:	nt,
Such change wa authorized by th	s authorized by re o beard, or the con	solution duly adopted b rporation has been notif	y its board of c ied in writing o	lirectors or by an officer of the change.	' so	
MA		!	Greg Gibson, P	resident		
Sugatu	e of an other or directo	DT .	Printe	ed or typed name and title		
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the my duties, and I a is document is bei	ng filed merely to reflec on has been notified in	es relative to the cept the obligat t a change in ti	e proper and complete ion of my position as reg he registered office addr	gistered ess, I	
By: Silve	Questi		03/2	3/2016		
	sature of Registered Age	et		Date		ı
If signing on bel	nalf of an entity:					
Sylvia Queppet	, Asst. Vice Presid	lent				
Ty	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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