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(Re	equestor's Name)	·····					
(Ad	ldress)						
(Address)							
, (Cit	ty/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	Certificates of Status					
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LEMIEUX



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: May 30, 2014

Order#: 150884-032

Re: NATIONAL DISASTER SOLUTIONS, 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: Chelsey Martine

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 inge is submitted for a corporation organ r to change its registered office or regista	ized under the lo	tws of the St	ate of <u>'</u>	ARKANSA	
1. The name of t	he corporation: NATIONAL DISASTER	SOLUTIONS, IN	C.			
	office address: 3411 ONE PLACE JONE					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 07/10/2008	Document	number: FC	80000	03052	
	street address of the current registered a timent of State: (If resigned, enter resigned)		ed office on	file wit	th the	
	OVERMAN, BRETT					
	1213 S 30th St					
	Hollywood, FL 33020			IAI	20	
6. The name and (if changed):	street address of the new registered ager	nt (if changed) ar	nd /or registe	LABASS	ice	And the second
	Corporation Service Company	····		MC T	w ⊅	m
	1201 Hays Street			STA NO.		U
	P.O. Box NOT	acceptable FL	32301	A A	2	
The street addre	ss of its registered office and the street a be identical.	address of the bu	ısiness offic	e of its	registere	d agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of o	directors or lof the chang	by an o e.	officer so	
Signatur	e of acticer or director	Dona Priebe, V	/ice Presider		:	
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent and ocomply with the provisions of all statumy duties, and I am familiar with and as document is being filed merely to reflect that the corporation has been notified in Service Company	ites relative to tl ecept the obligat ect a change in t	ie proper añ ion of my po he registere	id composition	as registe	ered I
By: Jun	nature of Registered Agent	05/30/2014	Date			
•	nalf of an entity:					
Sylvia Queppet	Assistant Vice President					
Ту	ped or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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