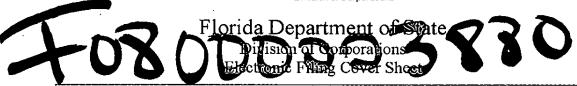
From: Justine Karnell 2/7/2017

Fax: (888) 724-8629

To: FLORIDA Change of Aç Fax: (850) 617-6380 Division of Corporations Page 2 of 4 02/07/2017 3.11 PM



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 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:		

REGISTERED AGENT CHANGE INDEMNUS CORPORATION

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From: Justine Karnell

Fax: (888) 724-8629

To: FLORIDA Change of Aç Fax: (850) 617-6380

Page 3 of 4 02/07/2017 3:11 PM

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT. INDEMNUS CORPORATION

Name of Corporation

DOCUMENT NUMBER.

F08000003880

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:

Mary Castillo

QQQ

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

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 6 nge is submitted for a c r to change its registere	orporation orga	nized under the lav	vs of the State of 10V	VA			
		-	_	n, in the blute of 1 to	iuu.			
The principal	1. The name of the corporation: INDEMNUS CORPORATION 2. The principal office address: 75 NE VENTURE DRIVE SUITE N							
WAUKEE	·	IA	50263-9626					
3. The mailing a	ddress (if different): 75	NE VENTU	RE DRIVE	SUITE	N			
WAUKE		IA	50263-9626					
4. Date of incorp	oration/qualification:	09/03/2008	Document r	number: F080000	03880			
5. The name and	street address of the cu	ırrent registered		d office on file with	2017 FEB			
	CORPORATION	SERVICE C	OMPANY		强罚			
1201 HAYS STREET								
	TALLAHASEE, F	L 32301			等等			
6. The name and (if changed):	street address of the ne	ew registered age	ent (if changed) and	d /or registered office	RY OF STAIL			
	Registered Ager	nt Solutions,	Inc.					
	155 Office Plaza	Dr., Suite A	\					
	Tallahassee, FL	32301						
The street addre as changed will	ess of its registered offi be identical.	ce and the street	address of the bus	siness office of its re	gistered agent,			
Such change wa authorized by th	s authorized by resolute board, or the corpora	tion duly adopte ttion has been no	d by its board of dotified in writing o	irectors or by an offi f the change.	cer so			
Ku	Ur Armica Curector		Chad A. Dav		EO			
l further agree l performance of agent. Or. if thi	the appointment as reg to comply with the prov my duties, and I am fai is document is being fil that the corporation ha	visions of all stat miliar with and d led merely to ref	nd agree to act in t tutes relative to the accept the obligati lect a change in th	e proper and comple on of my position as e registered office a	registerea			
	yr -	<u>-</u>	02/06/2017					
	nature of Registered Agent half of an entity:			Date				
	v ell - Assistant Se	ecretary						
	ped or Printed Name							

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