F08 00000 4703

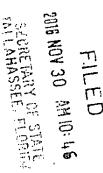
| - | (Requestor's Name) | | | | | |
|---|--------------------------|--|--|--|--|--|
| • | • (Address) | | | | | |
| (Address) | | | | | | |
| | (City/State/Zip/Phone #) | | | | | |
| PICK-UP | P WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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11/30/16--01015--014 **35.00



10/4



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: November 23, 2016

Order#: 352042-008

Re: SDDS HOLDINGS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Marissa Rather-lopez 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 | orovisions of sections 607.0302, 617 nge is submitted for a corporation o r to change its registered office or re | rganized under the la | ws of the State of \underline{G} | SA | |
|---|---|---|---|------------------------|--|
| 1 The name of t | he corporation: SDDS HOLDINGS, | INC. | | | |
| 2. The principal | office address: 1520-A Broadmoor E | Blvd., Buford, GA 305 | 518 | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: 10/30/2008 | Document | number: F0800000 | 04703 | |
| 5. The name and | street address of the current register tment of State: (If resigned, enter res | red agent and register | | لتبح | |
| | NRAI Services, Inc | | | 超37 | |
| | 1200 South Pine Island Road | | | いい。 | |
| | Plantation | FL | 33324 | 700 5 | |
| 6. The name and (if changed): | street address of the new registered | agent (if changed) ar | nd /or registered offi | | |
| | Corporation Service Company | | | | |
| | 1201 Hays Street | | | | |
| | P.O. Box NOT acceptable | | | | |
| | Tallahassee | FL. | 32301 | | |
| The street addre | ss of its registered office and the st be identical. | reet address of the bu | usiness office of its | registered agent, | |
| Such change wa authorized by th | s authorized by resolution duly ado e board, or the corporation has been | pted by its board of on notified in writing | directors or by an o of the change. | fficer so | |
| | E. alnie | Jill Cilmi | | Vice President | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registered agen o comply with the provisions of all my duties, and I am familiar with a s document is being filed merely to that the corporation has been notifi n Service Company | it and agree to act in statutes relative to the nd accept the obligative in t | he proper and comp tion of my position he registered office | olete as registered | |
| By: 1 00 | · Yokubi. | , 11/14/2016 | | | |
| Sign | half of an entity: | | Date | | |
| | Asst. Vice President | | | | |
| | ped or Printed Name | | | | |

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