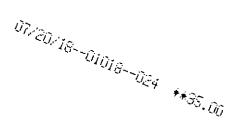


(Ře	equestor's Name)			
(Ac	ddress)			
(Āc	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
		1		

Office Use Only



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2018 JUL 20 PH 4: 58

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: July 18, 2018

Order#: 299440-007

Re: USFALCON, 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 251 Little Falls Drive 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	.mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Floride organized under the laws of the State of registered agent, or both, in the State of	f_Delaware	
1. The name of	the corporation: USFALCON, INC			
		est Drive, Suite 150, Cary, NC 27518		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 01/14/2009	Document number: F0900	0000178	
	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office on file resigned)	with the	
	Cogency Global Inc.			
	115 North Calhoun Street, Suite		2018 SE	
	Tallahassee	FL 32301	2018 JUL 20 SECRETAR? FALLAHASS	<u>-</u>
6. The name and (if changed):	d street address of the new registere	FL 32301 and /or registered of	20 PM 4: 20 PM 4: ARY OF STA SSEELFLOR	
	Corporation Service Company		_ 즐글 5	**** 41
	1201 Hays Street		− ∵ ∞	
		ox NOT acceptable		
	Tallahassee	FL 32301	_	
The street address changed will	ess of its registered office and the libe identical.	street address of the business office of	its registered agent	•
Such change was authorized by the	as authorized by resolution duly ac he board, or the corporation has be	dopted by its board of directors or by a en notified in writing of the change.	n officer so	
Xi.e.	2 COME	Jill Cilmi, Vice President		
Signati	ure of an officer or director	Printed or typed name and	title	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a my duties, and I am familiar with	ont and agree to act in this capacity. Il statutes relative to the proper and co and accept the obligation of my position to reflect a change in the registered off ified in writing of this change.	on as revistered	
By: Ce	mley	07/18/2018		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Ami M. Casper	, Asst. Vice President			
T	yped 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 * * *