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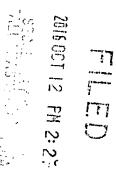
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: October 10, 2016

Order#: 321316-005

Re: ARCHANGEL INVESTIGATIONS & PROTECTION, 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: Janis M. Smith 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 ch	hange is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of California red office or registered agent, or both, in the State of Florida.
1. The name of	f the corporation: ARCI	HANGEL INVESTIGATIONS & PROTECTION, INC.
2. The principa	al office address: 5200 \	N. Century Blvd. Ste. 870, Los Angeles, CA 90045
3. The mailing	address (if different):_	
4. Date of inco	rporation/qualification:	03/31/2009 Document number: F09000001329
	nd street address of the cartment of State: (If resi	current registered agent and registered office on file with the gned, enter resigned)
	Incorp Services, Inc.	
	17688 67th Court No	rth .
	Loxahatchee	FL 33470
6. The name an (if changed):		FL 33470 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	Corporation Service	
	1201 Hays Street	PH 2:
	Tallahassee	P.O. Box NOT acceptable FL 32301
The street addr	ess of its registered off I be identical.	ice and the street address of the business office of its registered agent,
Such change wanthorized by t	as authorized by resolute hours or the dopoor	ation duly adopted by its board of directors or by an officer so
MIM	//U. W/U	Michael J. Clarke-C.E.O.
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as re to comply with the pro- form duties, and I am fa sis document is being fa that the corporation h on Service Compan	Printed or typed name and title sestered agent and agree to act in this capacity. disions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I as been notified in writing of this change. N
By: X	ro Tokubi	10/06/2016
	mature of Registered Agent	Date
If signing on be	chalf of an entity:	
	, Asst. Vice President	
1	lyped or Printed Name	

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