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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## REGISTERED AGENT CHANGE SERVANT HR, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Floria corganized under the laws of the State of cregistered agent, or both, in the State of	of Indian	<u>a</u>
1. The name of	the corporation: Servant HR, Inc.			
	office address: 10412 ALLISONV	ILLE ROAD SUITE 206		
FISHERS, IN	N 46038			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/30/2009	Document number: F0900	00001807	
	d street address of the current regis rument of State: (If resigned, enter	tered agent and registered office on file resigned)	with the	
	LEFFEW. JEFF C			
	8951 BONITA BEACH ROA	AD, #399		
	BONITA SPRINGS, FL 34135			29 14 14
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered	SSSERIES AND A SECOND S	
	Northwest Registered A	Agent, LLC.	May 1	
	3030 N. Rocky Point Dr. S1		- S - S - S - S - S - S - S - S - S - S	
	Tampa FL 33607	Box NOT acceptable		<b>#</b> 3
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	f its registe	ered agent,
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	an officer :	80
ler da	et	Michael You	der	CEO
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Ill statutes relative to the proper und c and accept the obligation of my posit to reflect a change in the registered of tified in writing of this change.	ion as regi	istered ss, I
lon	Glove	7/27/2018	e <sup>i</sup>	
Sig	nature of Registered Agent	Date		
If signing on be	thalf of an entity:			
Tom Glove				
ī	yped or Printed Name			

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