## F09000002720

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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: August 15, 2017

Order#: 771416-020

Re: WYDE CORPORATION

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	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Delaware	_
	***	e or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: WYDE CORP	ORATION	
2. The principal	office address: 251 Little Falls	s Drive, Wilmington, DE 19808	
3. The mailing a	address (if different): 2301 Mai	itland Center Parkway, Suite 165, Maitland, FL 32751	
4. Date of incor	poration/qualification: _07/08/2	2009 Document number: F09000002720	
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	Deborah Hoffman		- 
	2301 Maitland Center Parkwa	ay, Suite 165	
	Maitland, FL 32751		7
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered office	9: 2 <sup>10</sup>
	Corporation Service Compan	y	
	1201 Hays Street		
		O Hax NOT acceptable	
	Tallahassee	FL 32301	
The street addr	ess of its registered office and be identical.	the street address of the business office of its registered age	nt,
Such/change w authorized by t	as authorized by resolution dul to board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.	
1		Jonathan Sparks, Authorized Officer	
Signati	ure of an olificer of director	Printed or typed name and lifte	-
I fuithér agrée performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar was sits document is being filed mer	l agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
By:	Mel	08/15/2017	_
Sig	enature of Registered Agent	Date	_
If signing on bo	chalf of an entity:		
Ami M. Casper	r, Asst. Vice President		
1	yped or Printed Name	<del>_</del>	

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