F09000003948

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

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03/01/18--01018--012 **35.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

HAR 0 2 2018 T. LEANEUX





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: February 27, 2018

Order#: 080278-012

Re: DELTA OUTSOURCE GROUP, 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: Mary Rivers

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 change is s	ns of sections 607.0502, 61 ubmitted for a corporation o nge its registered office or r	organized under the la	ws of the State	e of MISSOURI	
1. The name of the corp	oration: DELTA OUTSOUR	CE GROUP, INC.			
2. The principal office a 62 N Central Dr O'F.	ddress:				
3. The mailing address (if different): PO BOX 1210	O'FALLON, MO 6336	66		
4. Date of incorporation	/qualification: 10/06/2009	Document	number: F09	000003948	
	iddress of the current registe f State: (If resigned, enter re		ed office on fi	le with the	
INCOF	RP SERVICES, INC.				
17888	67TH CT NORTH				
LOXA	HATCHEE	FL	33470		
(if changed):	address of the new registered	d agent (if changed) an	d /or registere	d	
1201 F	lays Street			SECR TI	
Tallaha		x NOT acceptable	32301	AHASS	
The street address of its as changed will be iden	registered office and the stical.	treet address of the bu	isiness office	of its registered agent	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.					
	? CiQui	Jill Cilmi, Vice I			
I further agree to comp performance of my duti agent. Or, if this docur	ointment as registered age ly with the provisions of al es, and I am familiar with c nent is being filed merely to corporation has been notif	nt and agree to act in I statutes relative to th and accept the obligat o reflect a change in t	he proper and vion of my pos he registered	l complete sition as registered	
Signature of F	egistered Agent		Date		
If signing on behalf of					
Grace E. Kirby, Asst. V					

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

ECKS DAVABLE TO FLORIDA DEPARTMENT