

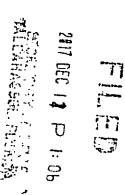
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: December 7, 2017

Order#: 931682-009

Re: HURST REVIEW SERVICES, 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: Ashley Seeman 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	provisions of sections 607.050. nge is submitted for a corpora to change its registered office	tion organized under the la	ws of the State	of Mississippi	
1. The name of t	he corporation: HURST REVIE	EW SERVICES, INC.			
	office address: 127 South Rail		39601		
3. The mailing a	ddress (if different):		·		
4. Date of incorp	oration/qualification: 05/30/2	008 Document	number: <u>Fo</u>	7000004020	
5. The name and	street address of the current re tment of State: (If resigned, en	egistered agent and registere			
	Capitol Corporate Services, I	nc.			
	515 East Park Avenue, 2nd Fl				
	Tallahassee	FL	32301	_	
6. The name and (if changed):	street address of the new regis	stered agent (if changed) an	d /or registere ਕੂੰ-	d office	
	Corporation Service Compan	у	- F		
	1201 Hays Street		示。 (m)		
	Tallahassee	O Box NOT acceptable FL	32301 二,		
The street addre as changed will	ss of its registered office and be identical.			of its registered agent.	
Such change wa	s authorized by resolution dul e board, or the corporation ha	v adopted by its board of d	lirectors or by	_	
χ_{κ}	e 2 agnie	Jill Cilmi, Vice F	President		
Signatul	e of an officer or director	Printe	ed or typed name ar	nd title	
I further agree to performance of t agent. Or, if thi hereby confirm t	the appointment as registered to comply with the provisions of my duties, and I am familiar was document is being filed merolation has been a Service Company	of all statutes relative to th vith and accept the obligat elv to reflect a change in th	e proper and ion of my posi ie registered o	ition as registered	
By: Dra	co Tokubie	12/06/2017			
Sign If signing on bel	ature of Registered Agent		Date		
	Assistant Vice President				
	ped 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 * * *