F09000005040

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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DEPAR THENT OF STATE SECRET

ACCOUNT NO. : 12000000195				
REFERENCE : 421292 7160570				
AUTHORIZATION :				
COST LIMIT : \$35.00				
ORDER DATE : December 15, 2014				
ORDER TIME : 9:20 AM				
ORDER NO. : 421292-030				
CUSTOMER NO: 7160570				
CHANGE OF AGENT NAME: SYSTEMS MADE SIMPLE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Courtney Williams EXAMINER'S INITIALS:				

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

statement of cha	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of $\underline{\mathbb{N}}$ or registered agent, or both, in the State of Fi	lew York
1. The name of	the corporation: SYSTEMS MAD	DE SIMPLE, INC.	
	office address: 149 NORTHERN		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/17/20	09 Document number: F0900000	05020
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file wit er resigned)	th the
	NATIONAL CORPORATE RES	SEARCH, LTD., INC.	
	155 OFFICE PLAZA DRIVE		TA or 1
	SYRACUSE	NY 13212	4 DEC
6. The name and (if changed):	d street address of the new registor	ered agent (if changed) and /or registered offi	17 AM TARY OF ASSEE, I
	Corporation Service Company		5.1.4 S.1.4 S.1.4
	1201 Hays Street		TE A
). Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its	registered agent,
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an o been notified in writing of the change.	fficer so
Kath	4 Zallen	Kathy L. Allen	AssistantSecretary
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporatio By: If signing on be	my duties, and I am jamiliar will is document is being filed merel that the corporation has been non Service Company mature of Registered Agent chalf of an entity:	Printed or typed name and tille agent and agree to act in this capacity. If all statutes relative to the proper and complete and accept the obligation of my position by to reflect a change in the registered office notified in writing of this change.	olete as registered
CO	ourtney Williams st:ºVice:President	_	

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

AND AND