## F10 0000000011

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

Office Use Only



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R. WHITE



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: March 31, 2020

Order#: 236567-135

Re: SOURCEPOINT FULFILLMENT SERVICES, INC.

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	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of Penns or registered agent, or both, in the State of Florida.	sylvania
1. The name of t	he corneration: SOURCEPOIN	T FULFILLMENT SERVICES, INC.	
2. The principal	office address: 2330 Commerce	e Park Drive, NE, Suite 2, Palm Bay, FL 32905	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 12/31/20	09 Document number: F1000000001	1
	street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	NRAI Services, Inc.		
	1200 South Pine Island Road		
	Plantation	FL 33324	222
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		F111: 52
		P O Box NOT acceptable	52
	Tallahassee	FL 32301	
		adopted by its board of directors or by an officer been notified in writing of the change.	
X, , ,	2 00	Jill Cilmi, Vice President	
Signatur	e of an officer or director	Printed or typed name and title	
I further agree to of my duties, and document is heir corporation has	o comply with the provisions of A Lam familiar with and accept	igent and agree to act in this capacity. I all statutes relative to the proper and complete to the obligation of my position as registered agen- ige in the registered office address, I hereby conf- change.	t. Or if this
By: U	MKey	03/31/2020	
Sign If signing on bel	nalf of an entity:	Date	
Ami M. Casper	Asst. Vice President		
	ped or Printed Name	_	

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