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

Office Use Only



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10/27/15--01020--020 **85.00

15 OCT 27 AMII: 18

act 29 ans



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: October 23, 2015

Order#: 836498-008

Re: INPWR, 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: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

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 cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida rporation organized under the laws of the State of office or registered agent, or both, in the State of .	IN
1. The name of	the corporation: INPWR, I	NC.	
	office address:e Dr, Suite M, Indianapolis	s, IN 46236	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02	/23/2010 Document number: F10000	000967
	d street address of the current of State: (If resigne	rent registered agent and registered office on file wed, enter resigned)	rith the
	NRAI Services, Inc		
	1200 South Pine Island I	Road	
	Plantation	FL 33324	5
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registered of	15 OCT 27 AM 11: 18
	Corporation Service Con	mpany	
	1201 Hays Street		
	T-0-1	P.O. Box NOT acceptable	φ .
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office be identical.	and the street address of the business office of it	s registered agent,
Such change was authorized by the	as authorized by resolution ne board, or the corporation	n duly adopted by its board of directors or by an on has been notified in writing of the change.	officer so
()	26 -	Dona Priebe	Vice President
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisi my duties, and I am famil is document is being filed	Printed or typed name and ut tered agent and agree to act in this capacity. ions of all statutes relative to the proper and com liar with and accept the obligation of my position I merely to reflect a change in the registered offic been notified in writing of this change.	ınlete
By: Drac	nature of Registered Agent	10/21/2015	
	half of an entity:	Date	
Grace E. Kirby,	Assistant Vice President		
	yped or Printed Name		

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