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· (Re	questor's Name)				
. (110	questor o riame)				
(Address)					
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(Cit	y/State/Zip/Phone	e #)			
					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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SEVISION OF CARESTALLING

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SEP 29 2015 I ALBRITTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Mcdow alex.mcdow@cscglobal.com

Date: September 22, 2015

Order#: 786140-025

Re: FINANCIAL SUPERMARKETS, 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: Alex Mcdow 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	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	iized under the la	ws of the State of _	Oregon
	r to change its registered office or regist	Ü	th, in the State of F	lorida.
1. The name of a	the corporation: Financial Supermarkets, office address: 383 Clarkesville Street, C	Cornelia, GA 305	 31	
z. The principal	office address.			
3. The mailing a	address (if different): 10250 NE Marx Str	eet, Portland, OF	R 97220	
4. Date of incor	poration/qualification: 03/15/2010	Document	number: F100000	01296
	d street address of the current registered a rtment of State: (If resigned, enter resigned		ed office on file wit	th the
	NRAI Services, Inc			
	1200 South Pine Island Road			
	Plantation	FL	33324	
6. The name and (if changed):	d street address of the new registered ages	nt (if changed) an	d /or registered off	SEP SEP
	1201 Hays Street			24 PH 4:1
	P.O. Box NOT	-		
	Tallahassee	FL	32301	5
	ess of its registered office and the street be identical. as authorized by resolution duly adopted ne board, or the corporation has been no			
		Dona Priebe, V	_	
rgnatu	re of an officer or director		ed or typed name and title	<u> </u>
I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in Service Company	utes relative to th	ne proper and comp tion of my position	as registered
By: X	vace Cokubi	09/22/2015		
	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	Assistant Vice President yped or Printed Name			
•	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314