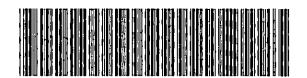
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(Requestor	s Name)
(Address)	. ·- <u>·</u>
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business I	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:

Office Use Only



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RAROCHS

MAR 30 2018 I ALBRITTON



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 27, 2018

Order#: 124291-005

Re: SINTECMEDIA (ATL) 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 char	nge is submitted	ctions 607.0502, 617 d for a corporation o registered office or re	rganized under the	e laws of the State o	Georgia	
1. The name of the	he corporation:	SINTECMEDIA (AT	L) INC.			
2. The principal	tlanta, GA 30305					
3. The mailing ac	ddress (if differ	ent):				·
4. Date of incorp	ooration/qualific	cation: 10/04/2010	Docum	ent number: F1000	0004400	
5. The name and	street address	of the current register (If resigned, enter res	red agent and regis			
	James E. Che	rlin				
	8210 Dunham	Station Drive			2018 FSR	<u>-</u>
	Tampa, FL 33	3647			≱R 29	
6. The name and (if changed):	l street address	of the new registered	agent (if changed	) and /or registered		TT
	Corporation S	ervice Company			_ = 70	
	1201 Hays St				<u> </u>	
	P O Box NOT acceptable  Tallahassee FL 32301					
			<del> </del>	<del></del>	_	
The street address changed will	ess of its registe be identical.	ered office and the st	reet address of the	e business office of	`its registered agen	il.
Such change wa authorized by th	as authorized by ne board, or the	y resolution duly add corporation has bee	opted by its board in notified in writi	of directors or by a ing of the change.	in officer so	
Xi.e	. P G	mi		ice President		
/ 5	re of an officer or di	rector		Printed or typed name and	title	
I further agree of performance of agent. Or, if the hereby confirm	to comply with	nt as registered agen the provisions of all I am familiar with a being filed merely to ration has been notif	statutes retailve t and accept the ohl	to the proper and co ligation of my positi	ion as regisierea —	
Ву:	ON W	Lei	03/27/201	8		
	nature of Registered	Agent		Date		
If signing on be	half of an entit	y:				
Ami M. Casper	, Asst. Vice Pre	esident				
Т	yped or Printed Nam	oc				

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

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