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(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nai	me)				
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					
		!				
		:				





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JUN 12 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: Janis M. Smith janis.smith@cscglobal.com

Date: June 2, 2015

Order#: 635802-035

Re: SANTA ROSA CONSULTING, 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: Janis M. Smith 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 607.05 inge is submitted for a corpoi	ration organized i	under the la	ws of the State of	DE		
	r to change its registered offi	-	•	th, in the State of	*Florida.		
1. The name of t	the corporation: SANTA ROS	SA CONSULTING	, INC.				
•	office address:						
3. The mailing a	address (if different):				-		
4. Date of incorp	poration/qualification: 01/18	/2011	Document	number: F11000	0000213		
	d street address of the current rtment of State: (If resigned,		and register	ed office on file v	with the		
	NRAI SERVICES, INC.				_		
	1200 SOUTH PINE ISLAND ROAD					2.	Ų.
	Plantation		FL	33324	_	NOF GI	NOISE SECRE
6. The name and (if changed):	d street address of the new re	gistered agent (if	changed) an	nd /or registered o	office	H4 1- NUL	SE CONTRACTOR
	Corporation Service Compa	any ————————————————————————————————————			_	2: 2	范围
	1201 Hays Street			<u> </u>	_	5	æk _j
	Tallahassee	P.O. Box NOT accept	able FL	32301			
The street address changed will	ess of its registered office an be identical.	d the street addre	ess of the bu	usiness office of	– its registered	agent.	,
Such change wa authorized by the	as authorized by resolution on the board, or the corporation	luly adopted by it has been notified	ts board of o	directors or by ar of the change.	n officer so		
		Do		Vice President			
I further agree performance of agent. Or, if th hereby confirm Corporation	the appointment as register to comply with the provision my duties, and I am familia is document is being filed my that the corporation has been Service Company	ns of all statutes in with and accept erely to reflect a sen notified in wri	ee to act in elative to th t the obligat change in t	he proper and co tion of my position he registered off	omplete on as register	ed	
By: Sig	enature of Registered Agent	0.1 < 00		Date			
If signing on be	chalf of an entity:						
	, Asst. Vice President						
Т	vned or Printed Name						

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