Division of Corporations

→ 18506176380

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:	
IND T T	MUUI COO.	

## REGISTERED AGENT CHANGE CREDIT BUREAU OF JAMESTOWN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Help

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: Credit Bureau of	Jamestown, Inc.
Name of Corporation  DOCUMENT NUMBER: F1100000	00495
The enclosed Statement of Change of Registered O	
Please return all correspondence concerning this ma	atter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc. Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ise call:
Mary Castillo	at ( 888 ) 705-7274  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	r provisions of sections 607,0502 lange is submitted for a corporat	ion organized (	inder the la	ws of the State of Ne	ew York	
in ord	ler to change its registered office	or registered o	igent, or bo	th, in the State of Flor	rida.	
1. The name of	the corporation: Credit Bu	reau of J	amest	own, Inc.		
2. The principa	office address: 117 WEST	FOURTH:	STREE1	JAMESTOWN	I, NY 14701	
	address (if different):	011	Б	. F11000	000495	
	nd street address of the current repartment of State: (If resigned, ont		ina register	ed office on the with t	ne	
	NRAI SERVICE	ES, INC				
	1200 SOUTH PINE ISLA	AND ROAD				
	PLANTATION		FL	33324		
6. The name an (if changed):	nd street address of the new register.  Registered Agen	_	-	-		
	· · · · · · · · · · · · · · · · · · ·			·····		
	2894 Remington G	P.O. Box NOT				
	Tallahassee	FL	323	08		
The street addr is changed wil	ress of its registered office and t	he street addre	ss of the b	usiness office of its re	gistered agent.	
Such change wathorized by t	vas authorized by resolution dul- the board, or the corporation has	y adopted by its been notified	s board of in writing	directors or by an off of the change.	icer so	
's Andrew	W Hartweg		Andrew W Hartweg Executive Vice President			
Chereby accen	ure of an officer of director of the appointment as registered of to comply with the provisions of nd I am familiar with and accep- ving filed merely to reflect a cha as been notified in writing of this	agent and agr of all statutes r of the obligation nge in the regi s change,	ee to act in	ted or typed name and tale this capacity, he proper and comple sition as registered as ce address, I hereby c	rte performance zent. Or, if this onfirm that the	
	lacky dil		1/16/20			
Si	gnature of Registered Agent			Date		
f signing on b	chalf of an entity:					
Mackenzie Hibl	ler, Assistant Secretary					
	Typed or Printed Name					
N	MAKE CHECKS PAYABL fail to: Division of Corpora				14	