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(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone ≢	¥)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
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2015 JUL 16 AM IO: 35



CSC WIMMINGTON 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: July 14, 2015

Order#: 701184-005

Re: JONATHAN NEIL & ASSOCIATES, 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

-	_	517.0502, 607.1508, or 617.1508, Florida S n organized under the laws of the State of $\underline{C}$	_		
in orde	r to change its registered office of	r registered agent, or both, in the State of F	lorida.		
1. The name of t	he corporation: JONATHAN NEIL	& ASSOCIATES, INC.			
2. The principal	office address: 18321 Ventura Bo	oulevard, #1000, Tarzana, CA 91356	_		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 02/24/201	1 Document number: F110000	00842		
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file wi resigned)	th the		
	United Corporate Services, Inc.				
	9200 South Dadeland Boulevard, Suite 508				
	MIAMI	FL 33156			
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered off	_		
	Corporation Service Company		2015 A		
	1201 Hays Street		ROTA S		
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301	mog .		
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its	registered agent.		
Such change wa authorized by th	is authorized by resolution duly a e hoard, or the correctation has b	adopted by its board of directors or by an obeen notified in writing of the change.	ifficer so		
		Dona Priebe	Vice President		
	re of an officer or director	Printed or typed name and title	;		
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and com h and accept the obligation of my position to reflect a change in the registered office tified in writing of this change.	as registered		
By: In	ce Cokuble	July 10, 2015			
Sign	nature of Registered Agant	Date			
If signing on bel	half of an entity:				
Grace E. Kirby,	Assistant VP				
Ту	ped or Printed Name	•			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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