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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Fax Number : (850)878-5368

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

| Ema | 4 | 7 | Address | ٠ |
|-----|---|---|---------|---|

REGISTERED AGENT CHANGE HANKINS AND ANDERSON, INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
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COVER LETTER

| TO: | Amendment Section , Division of Corporations |
|--------|---|
| erin i | HANKINS AND ANDERSON, INC. |
| SUBJ | Name of Corporation |
| DOC | F11000002686 UMENT NUMBER: |
| The e | aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| | return all correspondence concerning this matter to the following: |
| | Madeline Santiago, Legal Administrator |
| | Name of Contact Person |
| - | Day & Zimmermann, Inc. |
| | Firm/Company |
| | 1500 Spring Garden Street |
| | Address |
| | Philadelphia, PA 19130 |
| | City/State and Zip Code |
| | madeline.santingo@dayzim.com |
| | E-mail address: (to be used for future annual report notification) |
| For fu | ther information concerning this matter, please call: |
| Madeli | ne Santiago, Legal Administrator 215 299.1558 |
| | Name of Contact Person Area Code & Daytime Telephone Number |
| Enclos | ed is a \$35.00 check made payable to the Department of State. |
| | Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations |
| | Division of Corporations Division of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Tallahassee, FL 32314

P.O. Box 6327

· CR2E045 (03/12)

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

| statement of cha | provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis. | nized under the laws of the | State of Virginia | |
|-------------------------------------|---|---|------------------------------|---|
| | the corporation: HANKINS AND ANDER | _ | | |
| | office address: 4880 SADLER ROAD, SU | | /A 23060 | |
| | | | | |
| 3. The mailing a | address (if different): | <u> </u> | | _ |
| 4. Date of incorp | poration/qualification: 6/29/2011 | Document number: | F11000002686 | _ |
| | d street address of the current registered a treent of State: (If resigned, enter resignate) | | on file with the | |
| | NATIONAL CORPORATE RESEARCH, | LTD., INC. | | |
| | 155 OFFICE PLAZA DRIVE | | | |
| | TALLAHASSEE, FL 32301 | | · | |
| 6. The name and (if changed): | street address of the new registered ages | nt (if changed) and /or regis | stered office | 1 |
| , | C T Corporation System | | | |
| | c/o C T Corporation System, 1200 South P | · · · · · · · · · · · · · · · · · · · | · 85 5 | |
| | P.O. Box NOT | acceptable | | 1 |
| The street addre | Plantation, Florida 33324 ss of its registered office and the street abe identical. | address of the business off | ice of its registered agent. | 2 |
| Such change was authorized by th | s anthorized by esolution duly adopted of thard, or the corporation has been not | by its board of directors of iffied in writing of the chan J. Michael Littlejohn, Secre | or by an officer so | • |
| 7 1 - | s of in officed of difector the appointment as registered agent and o comply with the provisions of all status my duties, and I am familiar with and ac s document is being filed merely to refle hat the corporation has been notified in | Printed or typed na d agree to act in this capac ites relative to the proper a cept the obligation of my i ct a change in the register writing of this change. | | |
| CTCor By: | unation System | 2 August 2016 | · . | |
| | ature of Registered Agent | Date | | |
| f signing on beh | Angel Nunez | | | |
| Ту | Assistant Secretary odd or Printed Name | | | |
| Ma | * * * FILING FEE MAKE CHECKS PAYABLE TO FLOR IL TO: DIVISION OF CORPORATIONS, P.C | UDA DEPARTMENT OF STAT | | |
| Ty _i | Assistant Secretary odd or Frinted Name * * * FILING FEE | UDA DEPARTMENT OF STAT | | |

CR2E045 (03/12)