## F1100000 4381

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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S TALLENT SEP 2 7 2017

RIA-CH





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: September 21, 2017

Order#: 829645-015

Re: MEYER & NAJEM, INC.

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Marissa Rather-lopez 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 cl   | lange is submitted for a corp   | 0502, 617,0502, 607,1508, or 617,1508, Flori<br>poration organized under the laws of the State<br>office or registered agent, or both, in the State  | of IN                          |
|---|---|--|--------------------------------|
| 1. The name of  | f the corporation: MEYER &  | NAJEM, INC.  |                                |
| 2. The principa   | ıl office address: 11787 Lant   | tern Road, Suite 100, Fishers, IN 46038  |                                |
| 3. The mailing  | address (if different):   |  |                                |
| 4. Date of inco   | rporation/qualification: 11/0   | Document number: F110  | 00004381                       |
|   | nd street address of the currer<br>artinent of State: (If resigned  | nt registered agent and registered office on file<br>l, enter resigned)  | e with the                     |
|   | NRAI Services. Inc  |  |                                |
|   | 1200 South Pine Island R  | oad  | <del>_</del>                   |
|   | Plantation  | FL 33324   | 17 SE                          |
| 6. The name ar<br>(if changed)  |   | registered agent (if changed) and /or registered   | SEP 25 PH I2: 05               |
|   | Corporation Service Com   | pany   |                                |
|   | 1201 Hays Street  |  | 05                             |
|   | Tallahassee   | P.O. Box NOT receptable FL 32301   |                                |
| The street addras changed wil   | ress of its registered office a<br>If be identical.   | and the street address of the business office o  | fits registered agent.         |
| Such change wanthorized by  | es authorized by resolution<br>the board, or the corporation  | duly adopted by its board of directors or by a has been notified in writing of the change.   | an officer so                  |
| <u> た</u>   |   | Tim Russell  | VICE-PRESIDENT                 |
| I hereby accep<br>I further agree<br>performance o<br>agent. Or, if it<br>hereby confirm<br>Corporati | to comply with the provision of my duties, and I am familiant is being filed in that the corporation has been Service Company | Printed or typed name an cred agent and agree to act in this capacity. Ons of all statutes relative to the proper and car with and accept the obligation of my positive to reflect a change in the registered of een notified in writing of this change. | complete<br>tion as revistered |
| By: I Inc   | gnature of Registered Agent   | 09/21/2017   | <del></del>                    |
| If signing on b   | ehalf of an entity:   |  |                                |
| Grace E. Kirby  | y, Asst. Vice President   |  |                                |
|   | Evned at Printed Name   |  |                                |

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