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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	_ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	opies Certificates of Status			
Special Instructions to	Filing Officer:			
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Office Use Only



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06/08/17--01016--009 \*\*35.00

Macrey
JUN 13 2017

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: June 6, 2017

Order#: 666225-005

Re: CULTURAL RESOURCE ANALYSTS, 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: Ashley Jiminez 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.

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florid n organized under the laws of the State of registered agent, or both, in the State of	of KENTUCKY
1. The name of t	the corporation: CULTURAL RESC	DURCE ANALYSTS, INC.	
	office address: Avenue Lexington KY 40508		
3. The mailing a	ddress (if different):		
4. Date of incorp	ncorporation/qualification: 11/07/2011 Document number: F11000004464		00004464
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file resigned)	with the
	C T CORPORATION SYSTEM		<del></del>
	1200 SOUTH PINE ISLAND ROA	AD	
	PLANTATION	FL 33324	
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered	office
	Corporation Service Company		
	1201 Hays Street		, , , , , , , , , , , , , , , , , , ,
	P.O. B Tallahassee	ox NOT acceptable FL 32301	
		street address of the business office o dopted by its board of directors or by een notified in writing of the change.	f its registered agent,
$\cap$			
Jill Cilmi, Vice President  Signature of an officer or director  Printed or typed name and title		I title	
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of a	ent and agree to act in this capacity, all statutes relative to the proper and c a and accept the obligation of my posit to reflect a change in the registered of tified in writing of this change.	ion as registered
By: X	ace C-Kubie	06/02/2017	
•	nature of Registered Agent half of an entity:	Date	
Grace E. Kirby,	Assistant Vice President		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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