F11000 004 531

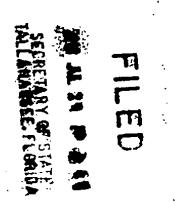
(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/Si	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	e)
(Docur	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



400332483094

07/29/19--01018--016 **35.00



AUG DIE COU



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: July 26, 2019

Order#: 832861-005

Re: TOTAL DEPLOYMENT SOLUTIONS 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 Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive

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 cha	provisions of sections 607.0502, 6. inge is submitted for a corporation or to change its registered office or	organized under	the la	ws of th	e State o	of NEV	V YORK
1. The name of	the corporation: TOTAL DEPLOYM	MENT SOLUTION	IS INC	D			
2. The principal							
3. The mailing a	address (if different):	**************************************					·
4. Date of incor	poration/qualification: 11/10/2011	Docu	ıment	number	F1100	00045	31
	f street address of the current regist rtment of State: (If resigned, enter r	_	gister	ed office	on file	with th	le
	REGISTERED AGENT SOLUTION	ONS, INC.					
	155 OFFICE PLAZA DRIVE, SUI	TE A					
	TALLAHASSEE		FL	32301			
6. The name and (if changed):	I street address of the new registere	ed agent (if change	ed) an	d /or reg	SEER		-3 1]
	Corporation Service Company				3 A	- 53 - 24	TI TI
	1201 Hays Street				H _Q		П
	Tallahassee	ox NOT acceptable	FL.	32301	W.V.S	-2	
The street address changed will	ess of its registered office and the be identical.	street address of t	the bu	siness c	ffice of	its reg	istered agent
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its boar en notified in wr	d of c	firectors of the ch	or by a lange.	ın office	er so
Signatu	E COVER	Jill Cilmi.	Jill Cilmi, Vice President Printed or typed name and title				
I further agree , performance of agent, Or, if th hereby confirm	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely t that the corporation has been not in Service Company	ll statutes relative and accept the oi	≥ to th blivat	e prope ion of m	r and co v positi	omplete ion as r fice add	, egistered dress, I
Ву:	nature of Registered Agent	07/09/20	19	Dat	p *		
	half of an entity:			1741	•		
Grace E. Kirby,	Asst. 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 * * *