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



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19 JUN 21 PM 1:16 SECKELARY OF STATE ALLAHASSEE, FLORIDA

AL-2 111 TECHROEDER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscqlobal.com

Date: June 19, 2019

Order#: 776569-217

Re: PSIC RPG ASSOCIATION

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: Anthony Arthur 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 cha | mge is submitted for a cor, | .0502, 617.0502, 607.1508, or 617.1. poration organized under the laws of office or registered agent, or both, in | the State of <mark>IL</mark> | this |
|--|---|---|--|-----------------|
| 1. The name of | the corporation: PSIC RPC | S ASSOCIATION, INC. | | |
| 2. The principal | office address: 14001 UN | IVERSITY AVE CLIVE, IA 50328 | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 04 | /24/2012 Document num | ber: F12000001765 | |
| | d street address of the curr rtment of State: (If resigne | ent registered agent and registered of d. enter resigned) | fice on file with the | |
| | NRAI SERVICES, INC | | | |
| | 1200 South Pine Island | Road | SEC | 19 |
| | Plantation, FL 33324 | | AREAS AREAS | JUN 21 |
| 6. The name an (if changed): | | registered agent (if changed) and /or | registered office | i g |
| | Corporation Service Cor | npany | AIE | : 16 |
| | 1201 Hays Street | | | |
| | Tallahassee | PO Box NOT acceptable FL 32 | 301 | |
| Such change w | as authorized by resolution | and the street address of the busine | tors or by an officer s | |
| authorized by t | he board, or the corporati | on has been notified in writing of th | e change. | |
| Xie (| P aoni | Jill Cilmi, Vice Pres | ident yped name and title | |
| I further agrée performance o agent. Or, if ti hereby confirm | to comply with the provis f my duties, and I am fam his document is being filed | stered agent and agree to act in this sions of all statutes relative to the pr liar with and accept the obligation I merely to reflect a change in the re been notified in writing of this chan | capacity. oper and complete of my position as regi egistered office addre | stered ss, l |
| By: Y | r. 7-Kubi. | 06/06/2019 | | |
| Si | gnature of Registered Agent | | Date | |
| If signing on b | ehalf of an entity: | | | |
| | , Assistant Vice Presiden | <u>t</u> | | |
| | Typed or Printed Name | | | |

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