F12000003078

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (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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OCT 20 2014 T. CARTER

RATRO Change



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: October 6, 2014

Order#: 326525-003

Re: J.M. WALLER ASSOCIATES, INC.

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.

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

Attn: Grace Kirby 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.

QUCA.XCOA

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

| • | - | 9502, 617.0502, 607.1508, or 6 voration organized under the la | | | _ |
|---|---|--|--|-------------------------------|-------------|
| - | - | ffice or registered agent, or bot | | | |
| I. The name of t | he corporation: J.M. WALL | ER ASSOCIATES, INC. | | | |
| 2. The principal | office address: 11325 Ran | dom Hills Road, Suite 210, Fai | irfax, VA 22030 | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: 07/2 | 24/2012 Document | number: F120000030 | 78 | |
| | I street address of the curre tment of State: (If resigned | nt registered agent and register l, enter resigned) | ed office on file with t | he | |
| | Registered Agent Solution | ns, Inc. | | | |
| | 155 Plaza Drive, Suite A | | | | |
| | Taliahassee, FL 32301 | | | 14 | ĪĀ |
| 6. The name and (if changed): | I street address of the new i | registered agent (if changed) an | nd /or registered office | 0CT-9 | TALLAHAS |
| | Corporation Service Com | pany | | PH | SSEE |
| | 1201 Hays Street | | | $\dot{\Sigma}$ | FLO |
| | Tallahassee | P.O. Box NOT acceptable | 32301 | 27 | RIC. |
| | 1 alianassee | F 4. | 3230 ! | | ≯ ~ |
| The street address changed will | ess of its registered office a be identical. | and the street address of the bu | isiness office of its re | gistered age | :nt, |
| Such change wa authorized by th | as authorized by resolution ne board, or the corporation | duly adopted by its board of on has been notified in writing of | directors or by an offic of the change. | cer so | |
| As-+ | s.Vlk | James D. Villa | £.V | ice Preside | nt |
| Signatu | re of an officer or director | Prot | ed or typed name and title | | - |
| l further agrée performance of agent. Or, if th hereby confirm | to comply with the provision of the provision of the complete and the complete the | ered agent and agree to act in ons of all statutes relative to th iar with and accept the obligat merely to reflect a change in t seen notified in writing of this | ne proper and completion of | ie registered Idress, I | |
| By: Drace | C-Kuble | 10-06- | -2014 | | |
| | nature of Registered Agent | | Date | | - |
| If signing on be | chalf of an entity: | | | | |
| Grace E. Kirby, | , Assistant VP | | | | |
| Т | yped or Printed Name | | | | |

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