F1200000 3307

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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SECRETARY OF STATE

AUG 03 MIG.



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: July 22, 2016

Order#: 217646-010

Re: FLEXPATH CAPITAL, 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.

XX Please return evidence to the following:

Attn: April Pagliassotti 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

statement of chai	nge is:	submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of <mark>Delaware</mark> ered agent, or both, in the State of Florida.		
	:	poration: FLEXPATH CAPITAL, I	NC.		
1. The name of the	he.con	address: 28100 US Hwy. 19N, Su	ite 411. Clearwater. FL 33761		
2. The principal	office	address:			
		and the second s			
3. The mailing a	ddress	(if different):			
4. Date of incorp	orátio	n/qualification: 08/09/2012	Document number: F12000003307		
		address of the current registered a of State: (If resigned, enter resigne	gent and registered office on file with the ed)		
	Blatz,	Robert G.			
36181 East Lake Road #182					
4		Harbor	FL 34685		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
Corporation Service Company					
	1201	Hays Street			
P.O. Hox NOT acceptable					
	Talla	hassee	FL 32301		
The street addre	ss of i	its registered office and the street ntical.	address of the business office of its registered agent,		
			d by its board of directors or by an officer so tified in writing of the change.		
D	4	4 Ret	Robert Blatz; President		
Signatu	rc of an	officer or dar cubr	Printed or Typed name and title		
I hereby accept I further agree performance of agent. Or, if th hereby confirm. Corporatio	the ap to com my di is doc that the n Se	ppointment as registered agent at apply with the provisions of all statities, and I am familiar with and ament is being filed merely to refue corporation has been notified ryice Company	nd agree to act in this capacity. Intes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, l in writing of this change.		
By: I Inc	(* 0	rakubi.	07/22/2016		
	nature o	Registered Agent	Date		
If signing on be	half o	f an entity:	TLANGE TO A STATE OF THE STATE		
Grace E. Kirby,	Asst.	Vice President			
T	yped or	Printed Name	Residence of the second		
** FILING FEE: \$35.00 ***					
M CR2E045 (03/12)	AIL TO	Make checks payable to Flo Division of Corporations, P	ORIDA DEPARTMENT OF STATE STAT		

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

Pursuant to the p	provisions	s of sections 607.0502, 617.0502.	607.1508, or 6	17.1508, Florida	Statutes, this	
statement of cha	nge is sub	mitted for a corporation organiz	ed under the la	ws of the State of	*Delaware	
in òrdei	r to chẳng	ge its registered office or register	ed agent, or bot	h, in the State of	Florida.	
	:	ation: FLEXPATH CAPITAL, INC	C:			
				EL 22704		
2. The principal	office add	dress: 28100 US Hwy. 19N, Suite	9.411, Clearwati	er, FL 33761		
2 The meiling a	delman Cif	different):				
z, The maning a	ogræs (ir	different)				

4. Date of incorp	oration/q	ualification: 08/09/2012	Document`	number: F12000	J0U33U7	
5. The name and	street add	dress of the current registered age	ent and registere	ed office on file v	with the	
	•	State: (If resigned, enter resigned	_			
	Blatz, Ro	nhert G				
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-	
	36181.Ea	ast Lake Road #182			<u>.</u>	
•	Palm!Ha	arbor	FL	34685	-	
					<u></u>	
6. The name shid	l street add	dress of the new registered agent	(if changed) an	d /or registéréd c	iffice	
(if changed):	i su ce au	atess of the new registered agent	(ii changes) an	a / or regional or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
, ,	Corporal	tion Service Company				
	Corporat	non dervice company			_	
	1201 Ha	ays Street				
P.O. Box NOT acceptable					_	
	Tallahas	see	FL	32301	_	
ere		14 1 00 14 4	1.1	i aCan of	ita maiatamad namat	
as changed will	ess of its i be identi	registered office and the street accal.	agress of the ou	ismess office:of	ils registered agent,	
Such change wa	as authori	zed by resolution duly adopted } or the corporation has been noti	y its board of o	directors or by a	n öfficer so	
authorized by th	ne board,	or the corporation has been noti	fied in writing	of the change.		
	44	RH	Robert Blatz, F	President		
Signatu	ire of an obje	cer or dir ector.	Prot	ed or Typed name and	litte	
I fairethan aman	*** ********	intment as registered agent and	toe rolativo to il	ba nronar mui ev	omblète	
performance of	her agree to comply with the provisions of all statutes relative to the proper and complete ormance of my duties, and I am familiar with and accept the obligation of my position as registered t. Or, if this document is being filed merely to reflect a change in the registered office address, I by confirm that the corporation has been notified in writing of this change.					
hereby confirm	that the o	ent is being flied merety to reflect corporation has been notified in	writing of this	change.	100 4041 633, 1	
Corporation	n Servic	ce Company	07/22			
By: 1) NO	mature of Res	gistated Agent		Date :	(4) (2) (7) (5) (5)	
	į.	\		ָרָ בַּי	2016	
If signing on be	half of an	i entity:				
Grace E; Kirby	, Asst. Vic	ce President		Ş	A 250 10 Shanes	
Т	yped or Print	led Name				
	* * * FILING FEE: \$35.00 * * *					
	. M	MAKE CHECKS PAYABLE TO FLOR	ida Departmi	ENT OF STATE		
	IAIL TỘ: D	DIVISION OF CORPORATIONS, P.C.). Box 6327, T	allahassee, <u>F</u> I	,3231 4 1	
CR2E045 (03/12)	7					