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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.150 hange is submitted for a corporation organized under der to change its registered office or registered agent	r the laws of	the State of	TEXA\$	his ———	
1. The name of	f the corporation: CORVUS RPG ASSOCIA	ATION, IN	1C.			
	al office address: 815 WEST WEED STREE			60642		
3. The mailing	address (if different):					
4. Date of incom	prporation/qualification: 05/06/2013 Doc	cument numb	<sub>ber:</sub> F1300	000197	74	
5. The name an	nd street address of the current registered agent and reartment of State: (If resigned, enter resigned)	egistered of	fice on file w	ith the		
	C T CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION, FL 33324			SI	201	
6. The name an (if changed):	nd street address of the new registered agent (if change):  REGISTERED AGENT SOLUTIONS		registered of	CRETARY O	2015 OCT -5 F	
	155 OFFICE PLAZA DR., SUITE A	<u> </u>		FLO	PM 1: 20	O
	P.O. Box NOT acceptable TALLAHASSEE, FL 32301			ATE RIDA	: 20	
The street addi	ress of its registered office and the street address of ill be identical.	f the busines	ss office of it	s register	ed ager	ıt,
	was authorized by resolution duly adopted by its both the board, or the corporation has been notified in water of an officer or director	D ADAMS	-	TARY		
I hereby accep I further agree performance o agent. Or, if ti hereby confirn	ot the appointment as registered agent and agree to e to comply with the provisions of all statutes relati of my duties, and I am familiar with and accept the this document is being filed merely to reflect a chan m that the corporation has been notified in writing o	o act in this dive to the proof obligation di obligation di of this chang	capacity. oper and com of my position gistered offic ge.	iplete i as regist ce address	tered i, I	
fallers	Signature of Registered Agent	9/08	2015 Pate		<del>, , ,</del>	
	behalf of an entity:					
JACLYN WI	RIGHT, ASST. SECRETARY					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

Typed or Printed Name