## F13000003059

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

TO:

Amendment Section Division of Corporations

SHRIFCT. CoSTAR Services Inc

Name of Corporation

DOCUMENT NUMBER: F13000003059

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Bray

Name of Contact Person

CoSTAR Services Inc

Firm/Company

6391 De Zavala Rd Ste 111

Address

San Antonio, TX 78249

City/State and Zip Code

tbray@costarservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Bray

, **210** 、

694-0013

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga in order to change its registered office or regis  | nized under the laws of the State of Texas   |
|--|--|
| 1. The name of the corporation: CoSTAR Service   | s Inc  |
| 2. The principal office address: NAS Jacksonville  | Jacksonville, FL 32212   |
| 3. The mailing address (if different): 6391 De Zava  | ala Rd Ste 111 San Antonio, TX 78249   |
| 4. Date of incorporation/qualification: 25 SFP 200   | 06   |
| 5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign   |  |
| Karl Battle  |  |
| 3342 Highland Mill Lane  |  |
| Orange Park, FL 32065  | <b></b>  |
| 6. The name and street address of the new registered ag (if changed):  | ent (if changed) and /or registered office   |
| Chester Lewis  | ت است.<br>تعریب است.<br>تعریب است.   |
| 3645A Creswick Circle  | <b>X</b>   |
| P.O. Вох NO<br>Orange Park, FL 32065   | OT acceptable  |
| The street address of its registered office and the street as changed will be identical.   | et address of the business office of its registered agent,   |
| Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n  | otified in writing of the change.  |
| Signature of an officer of director  | Teresa Bray, President/CEO Printed or typed name and title   |
| I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all stoperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to re hereby confirm that the corporation has been notified | itutes relative to the proper and complete<br>accept the obligation of my position as registered<br>flect a change in the registered office address, I |
|  | 7/1/2015   |
| Signature of Registered Agent  If signing on behalf of an entity:  | Date   |
| Chester Lewis  |  |
| Typed or Printed Name  |  |

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 \* \* \*