## T130000033140

(Re	equestor's Name)				
(Ac	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	ertified Copies Certificates of Status				
Special Instructions to Filing Officer:					
: :					





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2018 JUN 20 PH 4: 07
SEGRETARY OF STATE



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 grace.kirby@cscglobal.com

Date: June 16, 2016

Order#: 182658-004

Re: OVER THE EDGE USA 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: 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

Pursuant to the provisions of statement of change is submi	tted for a corporation organ	iized under the la	ws of the State of	Delaware	
in order to change i	ts registered office or registe	ered agent, or bo	th, in the State of I	Florida.	
1. The name of the corporation	on: OVER THE EDGE USA	INC.			
2. The principal office address	ss: 121 Hubley Mill Lake Ro	ad, Upper Tantal	llon, Nova Scotia	B3Z 1E8 CA	
3. The mailing address (if dif	ferent):				
4. Date of incorporation/qual	ification: 07/18/2013	Document	number: F13000	003140	
5. The name and street addre Florida Department of Star	ss of the current registered a e: (If resigned, enter resigne		ed office on file w	vith the	
NRAI Servi	ces, Inc.			_	
1200 South	Pine Island Road			- -	
Plantation,	Plantation, FL 33324				
6. The name and street addre (if changed):	ss of the new registered ager Service Company	nt (if changed) an	nd /or registered of	N 20	
Corporation	- Service Company		<u> </u>	PH	
1201 Hays			***	- EST +	
Tallahasse	P.O. Box NOT	acceptable	32301	ALE O	
The street address of its regias changed will be identical. Such change was authorized authorized by the board, or to	by resolution duly adopted he corporation has been no	by its board of controls to the state of controls to the state of the	directors or by an of the change.		
Signature of an officer of	hill the director		CONTROLLER ed or typed name and tit	fle	
I hereby accept the appoints I further agree to comply wi performance of my duties, a agent. Or, if this document hereby confirm that the corp Corporation Service	nent as registered agent an th the provisions of all statt am familiar with and a is being filed merely to refl poration has been notified it	d agree to act in utes relative to th accept the obligat ect a change in t	this capacity. he proper and contion of my position he registered office	nplete n as registered	
By: Ware L. Kuby Signature of Registe	and Agent	May 27, 2016	Date		
			Date		
If signing on behalf of an en	•				
Grace E. Kirby, Asst. Vice F					
	* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314