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JAN 3 0 2018

To:

Division of Corporations

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (614)280-3338 : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

REGISTERED AGENT (	CHANGE
PIPELINE INSPECTION PAR	ENERS CORP.

Certificate of Status	U
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Electronic	Filing	Menu
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Corporate Filing Menu

Help

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1 statement of change is submitted for a corporation organized und in order to change its registered office or registered age	der the laws of the State of Delaware
1. The name of the corporation: Pipeline Inspection Partners Corp.	
2. The principal office address: 3600 Rio Vista Avenue, Suite A	
Orlando, FL 32805	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/15/2013 D	peument number: F13000003497
<ol> <li>The name and street address of the current registered agent and Florida Department of State: (If resigned, enter resigned)</li> </ol>	registered office on file with the
Corporation Service Company	
1201 Hays Street	
Taliahassee, FL 23201-2525	
6. The name and street address of the new registered agent (if changed):	
C T Corporation System	
c/o C T Corporation System, 1200 Scuth Pine Island	d Road
P.O. Box NOT acceptable	
Plantation, Plorida 33324	
The street address of its registered office and the street address as changed will be identical.	of the business office of its registered agent,
Such change was authorized by resolution duly adopted by its bauthorized by the board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.
	M. Doolittle, VP/Sec/Treas/Dir
Speciare of an officer or director  I hereby accept the appointment as registered agent and agree if further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the agent. Or, if this document is being filed merely to reflect a chahereby confirm that the corporation has been notified in writing	rives or year name and title  to act in this capacity.  tive to the proper and complete  cobligation of my position as registered  unge in the registered office address, I  of this change.
GT Comparison System	y <b>2</b> ¶,2018
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Ann J. Williams, Assistant VIce President  Typed or Printed Name	
* * * PILING FEE: \$35.0	30 * * *
MAKE CHECKS PAYABLE TO FLORIDA DE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX (	PARTMENT OF STATE

CR2E045 (03/12)