F13000004298

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	WState/7in/Phon	a #)		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)	-		
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filina Officer:			
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Office Use Only



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JUL 1 3 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: June 8, 2021

Order#: 847173-013

Re: SYSTEMS & METHODS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX ___ Check in the amount of \$35.00.

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: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive 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 cha	nge is submitted for a corporation (7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F	GA	<i>S</i>	
1. The name of t	he corporation: SYSTEMS & MET	HODS, INC.			
2. The principal	office address:OOD DRIVE CARROLLTON, GA				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification; 10/03/2013	Document number: F13000	004298		
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file wiesigned)	th the		
	C T CORPORATION SYSTEM		_		
	1200 SOUTH PINE ISLAND ROA	AD	_		
	PLANTATION, FL 33324		_	ಶ್	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered off		lice	æ21 JUH 1	
	Corporation Service Company		- .~		
	1201 Hays Street		_	<u> </u>	
	Tallahassee	P.O. Box NOT acceptable FL 32301		: अ	
as changed will	ss of its registered office and the s be identical.	strect address of the business office of it	Ť	l agent,	
Such change wa authorized by th	is authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so		
X_{i}	e & Course	Jill Cilmi, Vice President	Jill Cilmi, Vice President		
I further agfee to of my duties, an document is being corporation has	o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	Printed or typed name and to out and agree to act in this capacity. I statutes relative to the proper and con e obligation of my position as registered in the registered office address. I herel ange.	iplete perfa d agent. O	ormance r, if this that the	
Corpgration By:	Service Company	06/08/2021			
Sign	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
	Asst. Vice President ped or Printed Name				

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