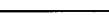
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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Special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



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COVER LETTER

то:	Amendment Sec Division of Corp	tion porations			
SUBJ					
		C & C MARKET RESEA Name of Corpo	ration		
DOC	UMENT NUMBE	R:F13000004357			
The en	nclosed Statement	of Change of Registered Office/Ag	gent and fee are submitted for file	ing.	
		ondence concerning this matter to t			
		Name of Contact	Person		
	Firm/Company				
			,		
				~~~1 T***	_
	Address		·	11V	<u>ن</u> چے
				200	9
		City/State and Zi	p Code		15 NOV 20 PH 12: 25
		Documents@inco	orn com	47	70
	E-m	Documents@inco ail address: (to be used for future	e annual report notification)		ट्य
			•	:	25
For fu	rther information of	concerning this matter, please call:		*	
<u>ackie</u>	DeFilippis on Name of	behalf of Incorp Services, Inc.at Contact Person	(702 ) 866-2500 Area Code & Daytime Teleph	one Numb	oer
Enclo	sed is a \$35.00 che	ck made payable to the Departmen	t of State.		
		Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	e.	
		P.O. Box 6327	Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of J er to change its registered office or registered agent, or both, in the State of I	Arkans	sas	- <del>-</del>	
1. The name of t	the corporation: C & C MARKET RESEARCH, INC.				
	l office address: 1115 S. Waldron Rd., Suite 207, Fort Smith, AR	72903-	-2599		
3. The mailing a	address (if different):				
4. Date of incorp	rporation/qualification: 10/07/2013 Document number: F13000	000435	57		
	d street address of the current registered agent and registered office on file wartment of State: (If resigned, enter resigned)	ith the			
	WALL, TONYA				
	901 Hwy 27 North #41				
	Sebring, FL 33870	1180	7 CF .	<del>5</del>	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	fice		NOV 20	1000
	InCorp Services, Inc.		id Gran	PH	1
	17888 67th Court North		, t	<u>123</u>	مانيد ع مانيد ف
	P.O. Box NOT acceptable			25	
	Loxahatchee, FL 33470				
-	ress of its registered office and the street address of the business office of it l be identical.			ent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer s	30		
	Cynthia Cunningham, Secr	•			
	or of air of director Printed or typed name and titl	le		_	
I further agree i	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and come finy duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	iplete i as regi e addre	istered iss, I		
Holler	November 2, 20	15			
, )	chalf of an entity.			_	

Jackie DeFilippis on behalf of Incorp Services, Inc.

Typed or Printed Name

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