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(Red	uestor's Name)		
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Certified Copies	Certificate	s of Status	
Special Instructions to F	Filing Officer:		
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R. WHITE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

...

Date: August 8, 2017

Order#: 750927-012

Re: NEW PROSYS CORP.

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

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 ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florido organized under the laws of the State of registered agent, or both, in the State of	DE
<del></del>	the corporation: NEW PROSYS CO		
2. The principa	• • • • • • • • • • • • • • • • • • • •		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 11/25/2013	Document number: F13000	0005100
	nd street address of the current regist artment of State: (If resigned, enter r	ered agent and registered office on file vesigned)	with the
	Cogency Global Inc.		
	115 North Calhoun Street, Suite S	3	
	Tallahassee	FL 32301	<del>-</del> :
6. The name an (if changed):	_	ed agent (if changed) and /or registered c	office
	Corporation Service Company		· ;
	1201 Hays Street		
		ox NOT acceptable	_
	Tallahassee ——————————————————————————————————	FL 32301	_
The street addras changed wil	ress of its registered office and the s Il be identical.	street address of the business office of	its registered agent.
Such change wanthorized by t	vas authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by ar en notified in writing of the change.	officer so
	re E. alprie	Jill Cilmi	Vice President
I herely accep I further agree performance o agent. Or, if the hereby confirm	to comply with the provisions of all f my duties, and I am familiar with	Printed or typed name and the capacity. It is the capacity and agree to act in this capacity. It statutes relative to the proper and column and accept the obligation of my position of the registered officed in writing of this change.	mplete on as registered
By: Draze		08/02/2017	
	gnature of Registered Agent ehalf of an entity:	Date	
Grace E. Kirby	v, Asst. Vice President		
<del></del>	Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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