

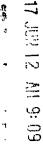
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600300126076

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JUN 15 2019 R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 8, 2017

Order#: 675748-005

Re: VALFORCE, 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: Ami Casper 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.

OUCA.XCOA

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S s organized under the laws of the State of _ registered agent, or both, in the State of F	Texas	
1. The name of:	the corporation: VALFORCE, INC			
2. The principal	office address: 2525 S. Lamar Bo	oulevard, Suite 6, Austin, TX 78704		
3. The mailing a	address (if different):	·		
4. Date of incor	rporation/qualification: 01/13/2014 Document number: F140000		000228	_
	d street address of the current registrement of State: (If resigned, enter	tered agent and registered office on file wiresigned)	ith the	
	Business Filings Incorporated			
	1200 South Pine Island Road			
	Plantation, FL 33324		Ţ.	17 J
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered of	fice	E 72
	Corporation Service Company			70*
	1201 Hays Street		** **	9: 09
	P.O. E Tallahassee	Pox NOT acceptable FL 32301		Û
The street address changed will	ess of its registered office and the be identical.	street address of the business office of it	s registered agen	ıt,
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so	
		Oscar Leal	President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a "my duties, and I am familiar with	Printed or typed name and till rent and agree to act in this capacity. It is statutes relative to the proper and come and accept the obligation of my position to reflect a change in the registered officified in writing of this change.	iplete i as registered	
By: Cei	M Lett	06/08/2017 Date		
_	half of an entity:			
Ami M. Casper	, Asst. Vice President			
T	yped 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 \* \* \*