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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (512)418-6949

Fax Number

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

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REGISTERED AGENT CHANGE REMSA, INC.

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Help

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

statement of cha	nge is submitted for a corporation organ	2, 607,1508, or 617,1508, Florida Statute fized under the laws of the State of <mark>Vitgini</mark> ered agent, or both, in the State of Floride	<u> </u>
1. The name of t	the corporation: REMSA, Inc.		
	office address: 124 W. Queens Way, Hamp	pton, VA 23669	
3. The mailing a	ddress (if different): 124 W. Queens Way.	Hampton, VA 23669	
4. Date of incorp	poration/qualification: 01/15/2014	Document number: F14000000340	
	I street address of the current registered a timent of State: (If resigned, enter resigne	gent and registered office on file with the	
	Allison Griffin		
	4536 Misty Dawn Ct S		
	Jacksonville, FL 32277		
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	17
	C T Corporation System		
	e/o CT Corporation System, 1200 South Pine Island Road		
	P.O Box NOT acceptable		:
	Plantation, Florida 33324		I I I I I I I I I I I I I I I I I I I
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regis	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer tilled in writing of the change.	so
8.	mand Zachary Or.	Bernard Zachary, Jr. Vice President/COO	
Signatu	real an officer or director	Printed or typed name and title	
I further agree of performance of agent. Or, if the hereby confirm	is document is being filed merely to refle that the corporation has been notified i	ites relative to the proper and complete event the obligation of my position as re- vet a change in the registered office add	gistered Fess, I
Bv: y	pration System	06/20/2017	
Sig	Registered Agent	Date	
If signing on be	half of an entity:		
	ochia - Assistant Secretary		
	* * * FILING FE	E: \$35.00 * * *	
M	Make checks payable to Flo all to: Division of Corporations, P.0	RIDA DEPARTMENT OF STATE O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (03/12)