F1400000 2433

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

Office Use Only



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01/25/19--01020--015 |**35.00



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: January 23, 2019

Order#: 570192-021

Re: CRAMER, JOHNSON, WIGGINS & ASSOCIATES, 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: Lindsey Baronie 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.

OUCA.XCOA

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

• •	•	ganized under the laws of the State of DE gistered agent, or both, in the State of Florida.	
1. The name of the c	orporation: CRAMER, JOHNSO	N, WIGGINS & ASSOCIATES, INC.	
	ce address: 1100 Ridgeway Loop	•	
3. The mailing addre	ss (if different):		
4. Date of incorporat	ion/qualification: 06/05/2014	Document number: F14000002433	
	et address of the current register nt of State: (If resigned, enter res	ed agent and registered office on file with the igned)	
СТ	CORPORATION SYSTEM	- - 2	
120	0 SOUTH PINE ISLAND ROAD	BEUGETARY ALLAHASSE	
PL/	ANTATION, FL 33324	HASS	
(if changed):	poration Service Company	agent (if changed) and /or registered office	
120	1 Hays Street		
P.O. Box. NOT acceptable			
Tal	lahassee	FL 32301	
The street address o as changed will be i	f its registered office and the str dentical.	eet address of the business office of its registered agent.	
Such change was au authorized by the bo		oted by its board of directors or by an officer so i notified in writing of the change.	
Xie	. E. alonie	Jill Cilmi, Vice President	
* O	n officer or director	Printed or typed name and title	
I further agree to co performance of my c agent. Or, if this do hereby confirm that	mply with the provisions of all s	and agree to act in this capacity. Statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I red in writing of this change.	
By: I Inges?	-Kuble	01/18/2019	
If signing on behalf	of Registered Agent Of an entity:	Date	
Grace E. Kirby			
	r Printed Name		
••		FEE: \$35.00 * * *	
Ман.т	MAKE CHECKS PAYABLE TO I	FLORIDA DEPARTMENT OF STATE , P.O. BOX 6327, TAILAHASSEE, FL 32314	

CR2E045 (03/12)