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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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 WICK FISHER WHITE CORPORATION

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR SOUTH STATEMENT OF CHANGE OF REGISTERED AGENT OR STATEMENT OF CHANGE OF THE CHAN

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation org		
in order to change its registered office or reg		
1. The name of the corporation: Wick Fisher Wh	ite Corporation	
2. The principal office address: 111 S. Independence Mall East, Suite 400, Philadelphia, PA 19106		
3. The mailing address (if different): Same as principal	al office address	
4. Date of incorporation/qualification: 08/21/2014	Document number: F1400003564	
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resigned)		
Dan Keen		
3030 N. Rocky Point Dr., 5	STE 150A	
Tampa, FL 33607		
6. The name and street address of the new registered a (if changed):	gent (if changed) and /or registered office	
Registered Agents Inc.	TS B	
3030 N. Rocky Point Dr., S	STE 150A	
P.O. Box N Tampa, FL 33607	OT acceptable	
The street address of its registered office and the stre as changed will be identical.	et address of the business office of its registered agent.	
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been	ted by its board of directors or by matrice to notified in writing of the change.	
Stuhil	Stephen P. White	
Signature of an officer of director I hereby accept the appointment as registered agent of interesting the interesting of all states of the provisions of all states and I am familiar with and agent. Or, if this document is being filed merely to rehereby confirm that the corporation has been notified.	atutes relative to the proper and complete l accept the obligation of my position as registered effect a change in the registered office address. I	
Bell Have	05/01/2017	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Bill Havre		
Typed or Printed Name *** FILING F	TEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)