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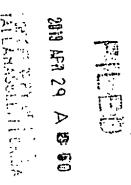
(Requestor's Name)			
(Addiess)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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04/29/19--01025--014 **35.00



MAY PO 2819 T. LEMBEUX



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: April 25, 2019

Order#: 712984-008

Re: POWERDMS, 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: Anthony Arthur 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 cor	poration organized under the laws of the State of DE office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: POWERD	DMS, INC.
2. The principa	office address: 101 S Gar	rland Ave, Suite 300. Orlando, FL 32801
3. The mailing		
4. Date of inco		Document number:
	nd street address of the current artment of State; (If resigne	ent registered agent and registered office on file with the d. enter resigned)
	INCORP SERVICES, IN	C.
	17888 67TH CT N	
	LOXAHATCHEE, FL 334	
6. The name ar (if changed):		registered agent (if changed) and for registered office
	Corporation Service Con	npany S
	1201 Hays Street	
	Tallahassee	PO Box NOT acceptable FL 32301 2 2
The street addras changed wil	ress of its registered office I be identical.	and the street address of the business office of its registered agent.
Such change wauthorized by t	as authorized by resolution the board, or the corporation	n duly adopted by its board of directors or by an officer so on has been notified in writing of the change,
	ie E. algric	Jill Cilmi, Vice President
Signat	hre of an officer or director	Printed or typed name and title
I further agrée performance o agent. ()r, if th hereby confirn	to comply with the provisi f my duties, and I am famil	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I been notified in writing of this change.
By: Xra	gnature of Registered Agent	04/19/2019
	ehalf of an entity:	i dec
Grace E. Kirby	, Assistant Vice Presdient	
	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 * * *

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

statement of cho	inge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of DE or registered agent, or both, in the State of Florida.
	the corporation: POWERDMS.	
2. The principal	office address: 101 S Garland	Ave, Suite 300, Orlando, FL 32801
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification:	Document number:
	I street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)
	INCORP SERVICES, INC.	
	17888 67TH CT N	
	LOXAHATCHEE, FL 33470	
6. The name and (if changed):	I street address of the new regis Corporation Service Compan	stered agent (if changed) and /or registered office
1201 Hays Street		O Box NOF acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and the identical.	the street address of the business office of its registered agent.
Such change wa	as authorized by resolution dul	y adopted by its board of directors or by an officer so s been notified in writing of the change.
	ia 8. Cionia	Jill Cilmi, Vice President
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address. I notified in writing of this change,
By: X ma	is takuble	04/19/2019
	nature of Registered Agent	Date
If signing on be	chalf of an entity:	
Grace E. Kirby.	. Assistant Vice Presdient	
	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 * * *