F 1500000961

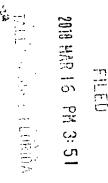
| (Re | equestor's Name) | | | | | |
|---|------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Ad | ldress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| · | • | · | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | Timing Offices. | | | | | |





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03/16/18--01024--016 **35.00



C. GOLDEN MAR 1 9 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 14, 2018

Order#: 116684-015

Re: UNITRANSFER U.S.A., 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 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

| | provisions of sections 607.0502, 61 unge is submitted for a corporation | | | | |
|---|---|--|---|--|----------------|
| | r to change its registered office or | | | | |
| 1. The name of | the corporation: UNITRANSFER L | J.S.A., INC. | | | |
| 2. The principal | the corporation: UNITRANSFER L office address: 3601 SW 160th A | venue, Suite 110, Mira | mar, FL 33027 | · · · · · · · · · · · · · · · · · · · | ~~. |
| 3. The mailing a | uddress (if different): | | | | |
| 4. Date of incorp | poration/qualification: 02/25/2015 | Document | number: F15000 | 0000961 | |
| 5. The name and | i street address of the current regist tment of State: (If resigned, enter r | ered agent and register | | | |
| | PBYA Corporate Services, LLC | | V | | |
| | 200 S. Andrews Avenue, Suite 60 | 00 | | 2018 mm | |
| | Fort Lauderdale, FL 33301 | | | . 20 | <u>-n</u> |
| 6. The name and (if changed): | street address of the new registere | d agent (if changed) an | nd /or registered of | ffice P | CED |
| | Corporation Service Company | | | # 5 | |
| | 1201 Hays Street | | | _ | |
| | P.O. Bo Tallahassee | ox NOT acceptable | 32301 | | |
| | 181183500 | 1 le- | | | |
| | ess of its registered office and the specifical. | | | | gent, |
| Such change wa authorized by th | s authorized by resolution duly ad e board, or the corporation has be | opted by its board of one notified in writing of | directors or by an of the change. | officer so | |
| | 7 | Alix Charlier, S | enior Vice Preside | ent | |
| | of an officer or director | | ed or typed name and tit | ie | |
| I further agree to performance of agent. Or, if this hereby confirm | the appointment as registered age o comply with the provisions of almy duties, and I am familiar with a socument is being filed merely that the corporation has been noting Service Company | l statutes relative to th and accept the obligat o reflect a change in t | ne proper and con tion of my position he registered offic | nplete n as registerea ce address, I | ! |
| By: Cein | rkeil | 03/14/ | | | |
| Sign | isture of Registered Agent | | Date | | |
| If signing on bel | nalf of an entity: | | | | |
| | Asst. Vice President | | | | |
| Ty | ped or Printed Name | | | | |

* * * FILING FEE: \$35.00 * * *