F15000001280

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RECEIVED DEPARTMENT OF ST

TALLAHASSEE, FLORID

MY 29205

T CANNON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	0. :	I200000	00195				
REFEREN	CE :	623980	4359782				
AUTHORIZATI	ON :	1	_				
COST LIM	т 🡌	X51835 00	enan				
ORDER DATE : May 11, 2015	į						
ORDER TIME : 12:40 PM							
ORDER NO. : 623980-010							
CUSTOMER NO: 4359782							
							
CHANGE OF AGENT							
NAME: 2D3, INC.							
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FI	LING:				
XX PLAIN STAMPED COPY							
CONTACT PERSON: Lydia Cohe	n						

EXAMINER'S INITIALS:

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

•	•	0502, 617.0502, 607.1508, or 6			
		poration organized under the la office or registered agent, or ba	• -		
	the corporation: 2D3, INC.		·		
		ous Drive, Suite 620, Irvine, C	A 92612		
2. The principal	office address.				
3. The mailing a	ddress (if different): N/A				
4. Date of incorp	poration/qualification: 3/26	6/2015 Document	number: F150000	01280	
	I street address of the curre tment of State: (If resigned	nt registered agent and register l, enter resigned)	ed office on file wi	th the	
	PARACORP INCORPOR	ATED			
	155 OFFICE PLAZA DRIV	VE, FIRST FLOOR			₹ S
	TALLAHASSEE	FL	32301	5 MAY 28	ECRET
6. The name and (if changed):		registered agent (if changed) ar	nd /or registered off	28 AH II: I	ASSEE FI
	Corporation Service Com	pany			ORII
	1201 Hays Street	DO D. NOT.	and the second s	~	DE A
	Tallahassee	P.O. Box NOT acceptable FL	32301		
The street addre	ess of its registered office a be identical.	and the street address of the bu	usiness office of its	registered a	igent,
		duly adopted by its board of on has been notified in writing	directors or by an o	fficer so	
DE	V.S	Adam G. Brake			
I hereby accept I further agree to performance of agent. Or, if this hereby confirm Corporatio By1 Sign	s accument is being intent	ered agent and agree to act in ons of all statutes relative to the ar with and accept the obligat merely to reflect a change in t een notified in writing of this	ne regimerea onne	plete as registere	d
Ty	ped or Printed Name				

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