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| (Red | uestor's Name) | | |
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| (Add | lress) | | |
| (Add | lress) | | |
| (City | /State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | iness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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F. WHITE AUG 23 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: August 14, 2019

Order#: 863158-055

Re: PORTS AMERICA SHARED SERVICES, 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: Matthew Ermak 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

- 1

| statement of cha | nge is submitted for a corpo | 502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of DELAWARE |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | fice or registered agent, or both, in the State of Florida. |
| | | ERICA SHARED SERVICES, INC. |
| 2. The principal | office address: 55 N ARIZOI | NA PLACE, TAX DEPT 400, CHANDLER, AZ 85225 |
| 3. The mailing a | ddress (if different): | |
| 4. Date of incorp | poration/qualification: 04/07 | 7/2015 Document number: F15000001479 |
| | I street address of the current tment of State: (If resigned, | t registered agent and registered office on file with the enter resigned) |
| | C T CORPORATION SYST | rem |
| | 1200 SOUTH PINE ISLAND ROAD | |
| | PLANTATION | FL 33324 |
| 6. The name and (if changed): | street address of the new re | gistered agent (if changed) and /or registered office |
| | Corporation Service Comp | 1 444 1 |
| | 1201 Hays Street | 7 |
| | ~ -0-t | P.O. Box NOT acceptable |
| | Tallahassee | FL 32301 |
| The street addre as changed will | ss of its registered office an be identical. | d the street address of the business office of its registered agent, |
| Such change wa authorized by th | s authorized by resolution d te board, or the corporation | fully adopted by its board of directors or by an officer so has been notified in writing of the change. |
| 2 |) XLLL & Clarke | Jill Cilmi, Vice President |
| Signatui | of an officer or director | Printed or typed name and title |
| I further agree t performance of agent. Or, if thi hereby confirm | o comply with the provision my duties, and I am familian s document is being filed m | ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I en notified in writing of this change. |
| By: Lin | ace Cokuble | 08/13/2019 |
| Sigr | nature of Registered Agent | Date |
| If signing on bel | half of an entity: | |
| Grace E. Kirby, | Asst. Vice President | |
| Ту | ped or Printed Name | |

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

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