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(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	• #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
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SECRETARY OF STATE

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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 28, 2015

Order#: 840602-020

Re: THE ANGELO GROUP 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
2711 Centerville Road, Suite 400

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 cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Georgia registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: ANGELO, INC.		
2. The principal	office address: 4210 Columbia F	Road, Suite 16D, Martinez, GA 30909	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification:04/30/201	5 Document number: F15000001952	
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name and (if changed):	street address of the new register	FL 33324 red agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box NOT acceptable		
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered agent,	
Such change wa	s authorized by resolution duly a be board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
		Dona Priebe, Vice President	
Schiatu	re of an or ter or director	Printed or typed name and title	
I further agree to performance of agent. Or, if this hereby confirm	to comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I stified in writing of this change.	
By: Juli	in august	10/28/2015	
D Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Sylvia Queppet	, Asst. Vice President		
Ty	ped 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 * * *