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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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REGISTERED AGENT CHANGE

REVEAL MANAGEMENT SERVICES, INC.

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

	provisions of sections 607.9592, 617. nge is submitted for a corporation or		
•	r 10 change lis registered office or rec		tate of Fiorida.
1. The name of t	he corporation:REVEAL MANAGE	MENT SERVICES, INC.	·
2. The principal	office address: 10551 Barkley Suite 30	00, Overland Park, KS 66212	
		·	·
3. The mailing a	ddress (if different): 635 Maryville Ce	entre Drive: State 300, Saint Louis	s, MO 63141
4. Date of incorp	poration/qualification: 06/01/2015	Document number:	F15000002423
•	street address of the current register timent of State: (If resigned, enter resi		n file with the
	SCHOESSEL, KEN		
	2174 E. CROWN POINTE BLVD.		
	NAPLES, FL 34112	· · · · · · · · · · · · · · · · · · ·	
6. The name and (if changed):	l street address of the new registered		tered of live.
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	<u></u>
• •	c/o C T Corporation System, 1200 Sou	th Pine Island Road	>
	P.O. Box Plantation, Florida 33324	NOT acceptable	P 👨 🗎
• •			<u>ب</u> (المائية المائية ا
The street addre as changed will	ess of its registered office and the str be identical.	eet address of the business off	ice of its registered agent,
Such change was authorized by th	as authorized by resolution duly adorate board, or the corporation has been	pted by its board of directors of notified in writing of the char	r by an officer so ige.
Would	X/image	Donald Tiemeyer, Secretary	
I further agree to performance of agent. Or, if this hereby confirm.	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to that the corporation has been notific potation System	statuses relative to the proper of ad accept the obligation of my reflect a change in the register ed in writing of this change.	city und complete position as registered ed office address, I
By: Xuda ?	Spert C1	9/17/20	14
If signing on bel	half of an entity:	Date	
Linda Stauffe	er, Assistant Secretary		
**)	yped or Printed Name		
	**************************************	REE-\$35.00 * * *	

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