

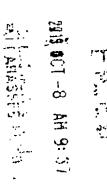
(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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18/08/19--01025--**0**01 **85.00







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@cscqlobal.com

Date: October 4, 2019

Order#: 943971-002

Re: CONSOLO SERVICES 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

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

statement of cha	inge is submitte	d for a corporation or	0502, 607.1508, or 617.1508, Florida ganized under the laws of the State of	Delaware		
in orde	er to change its i	registered office or reg	gistered agent, or both, in the State of i	Florida.		
I. The name of	the corporation:	CONSOLO SERVIC	ES GROUP, INC.			
2. The principal	2. The principal office address: 444 Lewis Hargett Circle, Suite 125-6, Lexington, KY 40503					
3. The mailing a	address (if differ	rent):				
4. Date of incorp	poration/qualific	cation:08/11/2015	Document number: F15000	003539		
5. The name and Florida Depar	d street address etrnent of State:	of the current registere (If resigned, enter resi	ed agent and registered office on file w gned)	ith the		
	Registered Ag	ent Solutions, Inc.				
	155 Office Plan	za Orive, Suite A				
	Tallahassee, F	L 32301		从 温		
6. The name and (if changed):	i street address o	of the new registered a	agent (if changed) and /or registered of	75 - 1 10 = 00		
	Corporation Se	ervice Company		A A		
	1201 Hays Str	eet 		ع م		
	Tallahaaaa	P.O. Box 1	NOT acceptable			
	Tallahassee		FL 32301			
as changed will	de identical.		eet address of the business office of it.			
Such change wa authorized by th	is authorized by ie board, or the	resolution duly adop corporation has been	ted by its board of directors or by an ontified in writing of the change.	officer so		
Liha	W. Wite		Robert W. Watkins, Treasurer			
Signatur	re of an officer or dire	clor	Printed or typed name and titl	c		
l further agree to performance of a agent. Or, if thi hereby confirm t	o comply with t my duties, and . s document is b	he provisions of all si I am familiar with and eing filed merely to r ution has been notifie	and agree to act in this capacity. tatutes relative to the proper and com d accept the obligation of my position eflect a change in the registered offic d in writing of this change.	as registered		
By: Ce	, m Le	ul'	10/02/2019			
	zture of Registered A	gent	Date	·		
f signing on bel	half of an entity	:				
Ami M. Casper,	Asst. Vice Pres	ident				
Ту	ped or Printed Name					

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