Division of Corporations Department of State

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## REGISTERED AGENT CHANGE CONSUMERS INTERSTATE CORPORATION

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

| statement of cha   | inge is submitted   | for a corpora                        | 2, 617.0502, 607<br>tion organized un<br>corregistered ago   | der the laws o  | f the State t   | of   | is   |                |  |  |
|--|---|--------------------------------------|--|---|---|--|--|----------------|--|--|
|  |   |                                      | CONSUMERS  |   |   |  |  |                |  |  |
|  | the corporation:  | 0 2 24                               | SUMERS   |   |   |  | <u></u>                                      | •              |  |  |
|  | office address:   | CT                                   | 06360  |   |   |  |  | -              |  |  |
| 3. The mailing a   | ddress (if differe  | ent):                                |  |   |   |  |  |                |  |  |
| 2  | CONSUMERS   | AVENUE                               |  | NORWICH   | <b></b>   | СТ   | 08380  | 2              |  |  |
| 4. Date of incorp  | ofiteup/noiteroc  | ation: 09                            | /25/2015 D   | ocument num   | ber:  | F16000004                                  |  | ੱਛ<br><u>ਤ</u> |  |  |
| 5. The name and<br>Florida Depar   | street address of<br>timent of State: (                   | I the current re<br>If resigned, ent | gistered agent and<br>er resigned)   | i registered of   | fice on file  | with the                                   | RETAR<br>AHASS                               | 1 - J3         |  |  |
|  |   | CTC                                  | ORPORATION   | SYSTEM  |   |  | E C  | 7.3            |  |  |
|  | 1200 SOUTH PINE ISLAND ROAD                               |                                      |  |   |   | <del></del>                                | - <del> </del>                               | AH 9           |  |  |
|  | P   | LANTATION,                           |  | FL  | 33324   | _  | SE   | <u> </u>       |  |  |
| 6. The name and (if changed):  | street address of   | _                                    | ered agent (if cha   |   | _   | office                                     | 12.5   |                |  |  |
| •  |   |                                      | · · · · · · · · · · · · · · · · · · ·  |   |   | <del></del>                                |  |                |  |  |
| ,  | 116 North Calhoun Street, Suite 4 P.O. Box NOT acceptable |                                      |  |   |   |  |  |                |  |  |
|  | 7   | allahassee                           |  | lorida  | 32301   |  |  |                |  |  |
|  | ss of its registers<br>be identical.                      | ed office and th                     | ne street address of   |   |   |  | agent,                                       |                |  |  |
| authorized by 1  | Sound, of the c   | orporation has                       | adopted by its be  |   |   |  |  |                |  |  |
| 100  | of all officer or direc                                   |                                      |  | وديرتي  | MANA THE  | :a=  | <u>.                                    </u> |                |  |  |
| I hereby accept to a further agree to performance of nagent. Or, if this hereby confirm to |   | _                                    | ngent and agree to<br>fall statutes relat<br>th and gacept the<br>by to reflect a cha-<br>otified in writing | o act in this co<br>ive to the pro-<br>obligation of<br>nge in the reg<br>of this chang | apacity<br>per and cor<br>iny positio<br>istered offi<br>è. | mplete<br>ni as registere<br>ce address, I |  |                |  |  |
|  | iure of Registered Ag                                     |                                      |  | -···-   | 11/20   | 12016                                      |  |                |  |  |
| If signing on beh  | -   | <del></del>                          |  |   | , m   |  |  |                |  |  |
| d1 con   | عم ما عاد   | ALMET                                | er-  |   |   |  |  |                |  |  |
| Тур  | ed or Printed Name  | * * * Kiri                           |  | , * * *   |   |  |  |                |  |  |
|  |   |                                      |  |   | o   |  |  |                |  |  |

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