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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Pinail Address:

## REGISTERED AGENT CHANGE CELENIA GLOBAL SERVICES, INC.

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5/23/2016 12:54:19 PM From: To: 8506176380( 2/2 )

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this?  inge is submitted for a corporation organized under the laws of the State of
in order	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Celenia Global Services, Inc.
2. The principal	office address: 1509 JOHNSON FERRY RD, STE. 150 MARIETTA, GA 30062
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 61/20/2016 Document number: F16000000379
	I street address of the current registered agent and registered office on file with the nament of State: (If resigned, enter resigned)
	CORPORATION SERVICE COMPANY
	1201 HAYS STREET
	TALLAHASSEE, FL 32301-2525
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	1200 South Pine Island Road
	P.O. Box NOT acceptable
	Plantation, Florida 33324
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Skow	ire of agreetiter or director Printed or typed name and title
I hereby accept I further agrae	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete iny duties, and I are familiar with and accept the obligation of my position as registered its document is ceing filed merely to reflect a change in the registered office address. I  that the comporation has been notify in writing of this change.
9/5: // A1.5/ Sig	instance of Registers A fem Dance
If signing on be	chalf of an entity:
Norine !	Nagel-Asst. Secretary
	yped or Printed Namo

\* \* \* FILING FEE: \$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)