

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: February 14, 2020

Order#: 171478-044

Re: ALERON SHARED RESOURCES, 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: Anthony Arthur 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	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis	mized under the law	rs of the State of NY	<del></del>	
1. The name of t	he corporation: ALERON SHARED RE	SOURCES, INC.			
	he corporation: ALERON SHARED RE office address: IONAL DR WILLIAMSVILLE NY 1422			_ <del></del>	
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 04/15/2016	Document n	umber: <u>F16000001765</u>		
	street address of the current registered tment of State: (If resigned, enter resign		d office on file with the		
	CORPORATE CREATIONS NETWO	ORK, INC.		<b>~</b> .	
	801 US HIGHWAY 1		<del></del>	2020 FEB   9	
	NORTH PALM BEACH	FL	33408	∞ §	
6. The name and (if changed):	street address of the new registered age  Corporation Service Company	ent (if changed) and		FEB 19 AMILLE	
				٦ -	
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the stree be identical.	et address of the bus	siness office of its registered a	gent.	
Such change was authorized by the	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of d notified in writing o	irectors or by an officer so f the change.		
<u> </u>	alani	Jill Cilmi, Vice P			
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang n Service Company	and agree to act in the active to the objection of my positive registered office	ed or typed name and title  this capacity, e proper and complete perform ition as registered agent. Or, e address, I hereby confirm the	nance if this at the	
Ву:	maco Cokin ble nature of Registered Agent	02/14/2020	Date		
	half of an entity:		17tac		
	Assistant Vice President  yped or Printed Name				
	* * * FILING F	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)