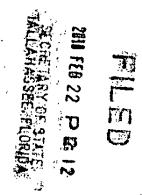
(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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FEB 23 2018 T. LEANEUX

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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: Ashley Seeman ashley.seeman@cscglobal.com

Date: February 20, 2018

Order#: 076479-007

Re: GRID TRAINING CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Ashley Seeman 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. nge is submitted for a corporation or to change its registered office or rej	ganized under the la	ws of the State of <u>IC</u>	AHO	
1. The name of t	ne corporation: GRID TRAINING CO	RPORATION			
2. The principal	office address: 7600 S. MERIDIAN F	D MERIDIAN, ID 83	642		
3. The mailing a	ddress (if different):				
4. Date of incorp	Date of incorporation/qualification: 06/13/2016 Document number: F160		number: F160000	02700	
	street address of the current register truent of State: (If resigned, enter res		ed office on file with	h the	
	C T CORPORATION SYSTEM		<u></u>		
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL	33324		
6. The name and (if changed):	street address of the new registered	agent (if changed) an	d /or registered offi	ce	
	Corporation Service Company				
	1201 Hays Street				
	P.O. Box NOT acceptable Tallahassee FL 32301				
The street addre as changed will	ess of its registered office and the str be identical.	eet address of the bu	siness office of its	registered agent,	
Such change was authorized by th	s authorized by resolution duly ado the board, or the corporation has been	oted by its board of of notified in writing	directors or by an o	fficer so	
Claud	a Souto		TOS, ASSISTANT		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agen to comply with the provisions of all a my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi n Service Company		this commits		
By: Drace T	nature of Registered Agent	02	/16/2018 Date		
	half of an entity:				
GRACE E. KIR	BY, ASST. VICE PRESIDENT		•		
T	yped or Printed Name				

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

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