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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Fra 3 1	Address:	
	AUGICOO.	

REGISTERED AGENT CHANGE VALUEOPTIONS OF CALIFORNIA, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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Help

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

	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of CA in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: VALUEOPTIONS OF CALIFORNIA, INC.				
2. The principal office address: 1400 CROSSWAYS BLVD, STE 101. CHESAPEAKE, VA 23320					
	3. The mailing address (if different): 1400 CROSSWAYS BLVD, STE 101, CHESAPEAKE, VA 23320				
	4. Date of incorporation/qualification: 7/5/2016 Document number: F16000003000				
	 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned) 				
	CORPORATION SERVICE C	OMPANY			
	1201 HAYS STREET				
	525				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	C T Corporation System				
	1200 South Pine Island Road P.O. Box NOT acceptable				
	Plantation, Florida 33324	P.O. Ikw NOT acceptable			
	The street address of its registered office and the street address of the business office of its registered as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
	AM	Jennifer Kurz, Secretary			
	Signature of an officer or director	Printed or typed name and title			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and comple of my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hereby c corporation has been notified in writing of this change.					
Ву:	Jan M. H.J. Signature of Registered Agent	10/13/2020			
	Signature of Registered Agent	Date			
CT Corpor	If signing on behalf of an entity:				
System by:	James M. Halpin, Asst. Secretary				
	Typed or Printed Name				
	***[7]	ILING FEE: \$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)