

(Re	equestor's Name)			
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(Ad	ldress)			
(Ad	ldress)			
(Cir	ty/State/Zip/Phone	e #)		
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PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Consist Instructions to	Filing Officers			
Special Instructions to	Filing Officer:			
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JAN 23 2017
R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 13, 2017

Order#: 462616-033

Re: FABRICAIR, 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: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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 607.0302, 617.03 inge is submitted for a corporation orga r to change its registered office or regis	nized under the lo	tws of the State of DE	·	
1. The name of t	he corporation: FABRICAIR, INC.				
2. The principal					
	ddress (if different): One Capitol Mall, S	Suite 670, Sacran	nento, CA 95814		
4. Date of incorp	f incorporation/qualification: 10/17/2016 Document number: F160000046				
	street address of the current registered tment of State: (If resigned, enter resign		red office on file with the	ne	
	CT Corporation System				
	1200 South Pine Island Road			resend Then:	
	Plantation	FL	33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company			750	
	1201 Hays Street			47	
	P.O. Box NO Tallahassee	Tacceptable FL	32301		
The street addre	ss of its registered office and the street be identical.	address of the bi	usiness office of its reg	istered agent,	
	s authorized by resolution duly adopted e board, or the corporation has been no				
Signatur	e of an officer or director	Jill Cilmi, Vice President  Printed or typed name and title			
I hereby accept I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent and ocomply with the provisions of all statemy duties, and I am familiar with and is document is being filed merely to refut the corporation has been notified in Service Company	nd agree to act in tutes relative to the	this capacity. he proper and complete tion of my position as t	registered	
By: Dro	ce C-Kvbl	01/13/2016	Date	<del>.</del>	
	half of an entity:		Daic		
_	Asst. Vice President				
Ту	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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