## F1700005003

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ád                                     | ldress)            |           |
| (Ad                                     | ldress)            |           |
| (Cit                                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| . (Bu                                   | isiness Entity Nan | ne)       |
| · (Document Number)                     |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
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JAN 1 7 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: January 9, 2019

Order#: 537669-006

Re: LO-O INC

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 Jiminez 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   | unge is submitted for a corpora   | 2, 617,0502, 607,1508, or 617,1508, Florida Statutes, this<br>tion organized under the laws of the State of <mark>Georgia</mark><br>2 or registered agent, or both, in the State of Florida.   |
|--|---|--|
| 1. The name of   | the corporation: LO-Q INC   |  |
| 2. The principal   |   | GA 30122   |
| 3. The mailing a   | nddress (if different): 1025 Gree   | enwood Blvd. Suite 500, Lake Mary, FL 32746  |
| 4. Date of incorp  | poration/qualification: Novemb  | Der 06, 2017 Document number: F17000005003   |
|  | I street address of the current re<br>rtment of State: (If resigned, en                               | egistered agent and registered office on file with the ter resigned)   |
|  | Registered Agent Solutions, I   | nc.  |
|  | 155 Office Plaza Dr.  | <u> </u>   |
|  | Tallahassee   | FL 32301   |
| 6. The name and (if changed):  | I street address of the new regis   | FL 32301  Stered agent (if changed) and /or registered office  9  9  9  9  9  9  9  9  9  9  9  9  9   |
|  | Corporation Service Compan  | y <u> </u>   |
|  | 1201 Hays Street  |  |
|  |   | O Box NOT acceptable   |
|  | Tallahassee   | FL 32301   |
| The street address changed will  | ess of its registered office and be identical.  | the street address of the business office of its registered agent.   |
| Such change wa<br>authorized by th   | is authorized by resolution dul-<br>ne board, or the corporation ha                                   | y adopted by its board of directors or by an officer so s been notified in writing of the change.  |
| $\rightarrow$  | xie 2 Gonie   | Jill Cilmi, Vice President   |
| I hereby accept<br>I further agree of<br>performance of<br>agent. Or, if the<br>hereby confirm | to comply with the provisions of<br>my duties, and I am familiar w<br>is document is being filed mero | Printed or typed name and tale  agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address. I notified in writing of this change. |
| By: The  | nature of Registered Agent  | 12/12/2018 Date  |
| ·  | half of an entity:  |  |
| Grace E. Kirby,  | Asst. Vice President  |  |
| T  | yped or Printed Name  | _  |

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