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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: __menderson@urscompliance.com

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FEB 13 2019

REGISTERED AGENT CHANGE SEND RELIEF, INC.

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 Estimated Charge
 \$35.00

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COVER LETTER

TO:

Amendment Section Division of Corporations

SEND RELIEF, INC.
Name of Corporation

F18000000425

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Owen

Name of Contact Person

SEND RELIEF, INC.

Firm/Company

4200 NORTH POINT PARKWAY

ALPHARETTA, GA 30022

City/State and Zip Code

rhenderson @urscompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

CR2E045 (03/12)

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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 TX
1. The name of the corporation: SEND RELIEF, INC. 2. The principal office address: 4200 NORTH POINT PARKWAY ALPHARETTA, GA 30022
3. The mailing address (if different):
4. Date of Incorporation/qualification: 01/26/2018 Document number: F18000000425
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324
6. The name and street address of the new registered agent (If changed) and /or registered office (if changed):
3458 LAKESHORE DRIVE
P.O. Box MOT acceptable
TALLAHASSEE, FL 32312
The street address of its registered office and the street address of the business office of its registered agent, 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.
GEORGE MCCALLUM, SECRETARY
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 complete performance of my duites, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered affice address, I hereby confirm that the corporation has been notified in writing of this change.
8 ignature of Registered Agent Date
If signing on behalf of an entity:
Kanetha Bishop, Asst. Secretary
Typed or Printed Name
* * * FILING FEE: 335.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE.

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314