

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

F93 000 002 294

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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: JMontjoy@urscompliance.com

REGISTERED AGENT CHANGE
GLOBAL IMPACT - INTERNATIONAL CHARITIES, INC

Certificate of Status	0
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Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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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 DC
 _____ In order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Global Impact, Inc.
2. The principal office address: 1199 N Fairfax St, Ste 300 Alexandria, VA 22314
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04-04-2006 Document number: F93000002294
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)

NRAI Services Inc

1200 South Pine Island RoadPlantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

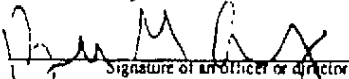
URS Agents, LLC3458 Lakeshore Drive

P.O. Box NOT 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.

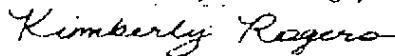
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

Brittany Mattfeld Craig, Managing 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 complete performance of my duties, 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 office address, I hereby confirm that the corporation has been notified in writing of this change.


 Signature of Registered Agent

16 28 24
 Date

If signing on behalf of an entity:

Kimberly Rogers, Vice President

Typed or Printed Name

*** FILING 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)

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