F93000003255

(Re	equestor's Name)				
(Ad	dress)	<u></u>			
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
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DEC SO SUID

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

statement of cha	nge is submitte	ections 607.0502, 617.0 d for a corporation org registered office or reg	ganized under the la	ws of the State of \Box)elaware	
1. The name of t	he corporation:	THE CENTER FOR	SALES STRATEGY	, INC.		
2. The principal	office address:	6601 Memorial Highv	vay, Suite 120, Tam	pa, FL 33615		
3. The mailing a	ddress (if differ	rent):				
4. Date of incorp	oration/qualifi	cation: 07/06/1993	Document	number: _F9300000)3255	
		of the current registere (If resigned, enter resi		ed office on file with	ı the	
	John Henley					
	6601 Memorial Highway, Suite 120					
	Tampa, FL 33	3615			OEC STORY	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office				16 DEC 19 PM 3: 06	
	Corporation S	ervice Company			بي ص	
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee		, FL	32301		
The street addre as changed will	ss of its registe be identical.	ered office and the stre	et address of the bu	siness office of its	registered agent,	
Such change wa authorized by th	s authorized b e board, or the	y resolution duly adop corporation has been	ted by its board of d notified in writing o	firectors or by an of of the change.	ficer so	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Keri Higgins, V	P, Controller		
Sign tu	re of an officer or di	rector	Printe	ed or typed name and title		
I further agree to performance of agent. Or, if this hereby confirm	o comply with my duties, and is document is:	nt as registered agent the provisions of all s I am familiar with an being filed merely to t ation has been notifie DMDANY	tatutes relative to th d accept the obligat reflect a change in th	ie proper and comp ion of my position o he registered office	lete 1s registered address, I	
By: Sum	_ auen	fex -	12/16	5/2016		
	nature of Registered	Agent		Date		
If signing on bel	half of an entit	y:			,	
Sylvia Queppet	, Asst. Vice Pre	esident				
Ту	ped or Printed Nam					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: December 16, 2016

Order#: 425171-005

Re: THE CENTER FOR SALES STRATEGY, 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: Ami Casper 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

18 DEC 19 PH 3: 06