

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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12/04/18--01013--026 \*\*35.00



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kelsey Eulert kelsey.eulert@cscglobal.com

Date: November 30, 2018

Order#: 499427-006

Re: SINGLE SOURCE, 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: Kelsey Eulert 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	provisions of sections 607.0502, 61 mge is submitted for a corporation or to change its registered office or i	organized under the la	ws of the State o	/ Georgia	
1. The name of	the corporation: SINGLE SOURCE	, INC.			
2. The principal	office address: 4900 Falls of Neus	e Suite 150 Raleigh, N	IC 27609		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/01/1995	Document	number: F95000	0002739	
	I street address of the current register tment of State: (If resigned, enter re	-	ed office on file	with the	
	C T CORPORATION SYSTEM			2018 SECI	
	1200 South Pine Island Rd			OBDEC VALLA VALLA	ر ا ا
	Plantation	FL		_ 2500 <b>st</b>	C 120122
6. The name and street address of the new registered agent (if changed) and /or registered of recommendation (if changed):					
	Corporation Service Company			m ω -	
	1201 Hays Street			_	
P.O. Box NOT acceptable					
	Tallahassee	FL	32301	_	
The street address changed will	ess of its registered office and the s be identical.	street address of the bu	siness office of	its registered a	agent,
Such change wa authorized by th	is authorized by resolution duly ad the board, or the corporation has be	opted by its board of d on notified in writing o	lirectors or by ar of the change.	officer so	
/ leur	( ) rolli	Nancy J. Molin,	<u>*</u>		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered age to comply with the provisions of almy duties, and I am familiar with the discument is being filed merely to that the corporation has been noting Service Company	nt and agree to act in I statutes relative to th and accept the obligat o reflect a change in th	e proper and col ion of my position he registered offi	mplete m as revistere	ed
By: Llo	ea CTNOO:	11/2	0/2018 Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ty	ped or Printed Name				

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