## F9800005444

(Re	equestor's Name)		
(Ád	idress)		
(Ac	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Bu	usiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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JAN 28 2016 T. LEDGIELDX



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 25, 2016

Order#: 957055-194

Re: SP MANAGEMENT SERVICES, 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: Grace Kirby 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

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

•	•	7.0502, 607.1508, or 617.1508, Florida Statutes, this	
•		organized under the laws of the State of TN egistered agent, or both, in the State of Florida.	
	he corporation: SGRY SP MANAGE		
2. The principal	office address: 40 Burton Hills Boul	evard, Suite 500, Nashville, TN 37215	
3. The mailing a	ddress (if different):		
		<del>.</del>	
4. Date of incorp	poration/qualification: 09/29/1998	Document number: F98000005444	
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the signed)	
	CT 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):			
	Corporation Service Company		
	1201 Hays Street	7 7 7	
	P.O. Box	NOT acceptable FL 32301	
	Talialiassee	71 32301	
The street addre as changed will	ss of its registered office and the st be identical.	treet address of the business office of its registered agent,	
Such change wa authorized by the	s authorized by resolution duly add e board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
0	5	Dona Priebe, Vice President	
	e of an officer or director	Printed or typed name and title	
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered To reflect a change in the registered office address, I fied in writing of this change.	
By: Yang Lokinhy		January 20, 2016	
Sign	nature of Registered Agent	Date	
	nalf of an entity:		
	Asst. Vice President  ped or Printed Name		
1,	pou or a rimou rume		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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