F99000004021

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(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

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		Acc#I20160000072		
Name:	USBID INCORPORATED			
Document #:				
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Thank you!

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 age is submitted for a corporation organized to change its registered office or registered	l under the laws of the State of <u>De</u> l	aware
1. The name of t	ne corporation: USBid Incorporated		
2. The principal	office address: 2320 Commerce Park Drive, Pa	ılın Bay, Fl. 32905	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 08/05/1999	Document number: F990000040)21
	street address of the current registered agen iment of State: (If resigned, enter resigned)	t and registered office on file with	the
	Gary Heyes		
	2320 Commerce Park Drive		2023
	Palm Bay, F1. 32905	•	2023 HAY
6. The name and (if changed):	street address of the new registered agent (f changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road	•	ت م. م
	P.O. Box NO	OT acceptable	
	Plantation, FL 33324		
The street address changed will	ess of its registered office and the street add be identical.	dress of the business office of its t	registered agent,
Such change was authorized by the	is authorized by resolution duly adopted by the board, or the corporation has been notifi	its board of directors or by an of ed in writing of the change.	fficer so
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	J	ohn Lenahan, Treasurer & Secretary	•
WHEN SESSION OF THE PROPERTY O	re of an officer or director	Printed or typed name and title	
I further agree of my duties, an document is bei	the appointment as registered agent and a to comply with the provisions of all statute d I am familiar with and accept the obliga ng filed merely to reflect a change in the r steen notified in writing of this change. Stephanic Hencz, Assistant Secretary		lete performanc agent. Or, if thi confirm that the
Sig	nature of Registered Agent	Date	
If signing on bo	half of an entity:		
.i	yped 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)