J 28901

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number       : (850)617-6380

From:
        Account Name    : REGISTERED AGENT SOLUTIONS INC
        Account Number  : I20100000062
        Phone           : (888)705-7274
        Fax Number      : (888)706-7274

**Enter the email address for this business entity to be used for future
     annual report mailings. Enter only one email address please.**

        Email Address:_____
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17 OCT -6 PH 4:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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2017 OCT -5 AM II: 50
TALLAHASSEE FLORIDA

REGISTERED AGENT CHANGE
NCC BUSINESS SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

10-06-17

FL

Enter the Fax Audit Number Here ===>   H17000262470 3

COVER LETTER

TO: Amendment Section
      Division of Corporations

SUBJECT: __NCC BUSINESS SERVICES, INC.__
Name of Corporation

DOCUMENT NUMBER: __J28901__

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

__Mary Castillo__
Name of Contact Person

__Registered Agent Solutions, Inc.__
Firm/Company

__1701 Directors Blvd, Ste 300__
Address

__Austin, TX 78744__
City/State and Zip Code

__notices@rasi.com__
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Mary Castillo__   at (__888__) __705-7274__
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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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 FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: NCC BUSINESS SERVICES, INC.

2. The principal office address: 9428 BAYMEADOWS ROAD SUITE 200

JACKSONVILLE,   FL   32256

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/15/1986   Document number: J28901

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)

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):

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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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.

/s/ Irving Pollan   Irving Pollan   President
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Signature of an officer or 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.

08/17/2017

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Signature of Registered Agent   Date

If signing on behalf of an entity:

Justine Karnell   -   Assistant Secretary
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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   H17000262470 3

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