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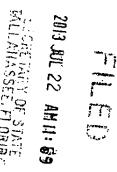
| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer. | | | | |
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| 'JUL 2 3 2019 | | | | |
| A. LUNT | | | | |
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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-232

Re: PENSACOLA ADMINISTRATIVE SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Evelyn Wright

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

2013 JUL 22 AM H: 69

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| - | · · | | | |
|--|---|--|--|--|
| 1. Na | me of the limited liability company: PENSACOLA AL | MINISTRATIVE SERVICES | S, LLC | |
| 2 (a) | Principal office address of limited liability company | · 2 North Palafov Street | | |
| 2. (a) | (Note: MUST BE STREET ADDRESS) | Pensacola, FL 32502 | | |
| | (<u>=====</u> , | | | |
| (L) | Mailing address of limited lightlife assuments | 2 North Palafox Street | | |
| (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | Pensacola, FL 32502 | | |
| | (Note: MITT BET OUT OF THE BOTT) | | | |
| 40/00 | 0000 | 11000000000000 | 2013 EACL | |
| 12/02/ | -2 | M08000005234 | | |
| 3. Da | te of filing/registration in Florida | 4. Document number | | |
| 5. (a) | Registered Agent and Registered Office shown on t | he records of the Florida | Dent of State: | |
| (, | | | mich per Ti | |
| | Registered Agent: | Capitol Corporate Service | | |
| | Registered Office Address: | 155 Office Plaza Dr., Suite | ARE en | |
| | registered office reduces. | Tallahassee, FL 32301 | च्या 🐷 | |
| | | | | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> : | V Registered Office add Corporation Service Comp | | |
| | NEW Registered Office Address: | 1201 Hays Street | | |
| | (MUST BE FLORIDA STREET ADDRESS) | | | |
| | | Tallahassee | ,FL <u>32301</u> | |
| confir and th liabili- the me the op | limited liability company is not organized under the lemed that after the change or changes are made, the Flee business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company. | orida street address of the case of a I was/were authorized by a | e registered office Florida limited an affirmative vote of | |
| | Priebe, Authorized Person | _ | | |
| I here compleand I Chapt addre. Corp. By: | thy accept the appointment as registered agent and a y with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poer 608, F.S. Or, if this document is being filed to me so, I hereby confirm that the limited liability company oration Scrylice Company The of Registered Agent libeth A. Dawson, Asst. Vice President | gree to act in this capacit Sper and complete perfori sition as registered agent rely reflect a change in th has been notified in writ | y. I further agree to nance of my duties, as provided for in he registered office ting of this change. | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)