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| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | ldress) | | | |
| (Cid | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | . MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | : | | |
| | | | | |
| | | - | | |

Office Use Only



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TALLAHASSI FOR OND

Ra Crang



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: November 21, 2014

Order#: 377288-007

Re: TIDAL BASIN GOVERNMENT CONSULTING, 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: Morgan Kennedy

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.

OUCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

| | Name of the limited liability company:TIDAL BASIN 300 North Washington Street Suite 505 | | |
|--------------------------|---|--|---|
| 2. (a | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0)_ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Alexandria VF 22314 | | |
| | 02/01/2010 | | 110000000434 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | C T CORPORATION SYSTEM | | |
| J. (a | Registered Agent and Registered Office shown on the records | of the Florida De | pt. of State: |
| | | ' | |
| | 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREE | T (DDDDCC) | |
| | | | <u>`</u> |
| | PLANTATION , I | FL 33324 | 14 ALLI |
| (b | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Register | | |
| | 1201 Hays Street | cu gane adare. | DV 24 PM 3: 14 ETANGE FLORID |
| | NEW Registered Office Address: | | |
| | Tallahassee , I | FL 32301 | |
| the cl agent was/v | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | laws of the Sta of the register liability comp s of the limited | ed office and the business office of the registered cany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in |
| | 0263 | Dona P | Priebe, Authorized Person |
| Sior | nature of a member or authorized representative of a member | | Printed or typed name of signee |

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company BY:Grace E. Kirby, Asst. Vice President