## M3200000897

(F	Requestor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	WAIT MAIL							
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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Office Use Only

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04/28/16--01023--010 \*\*25.00

16 APR 28 PM 3-2 SECRETARY OF STATE ALLAHASSEE, FLORID.

Malha



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 26, 2016

Order#: 089935-015

Re: THINK ANEW, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Ami Casper

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

FILED

16 APR 28 PN 3 24

SECRETARY OF STATE
TATE AND ANASSEE, FLORIDA

## 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.

1.		me of the limited liability company: THINK ANEW, LI	LC				····	···	
2.	(a)	2506 Lakeland Drive		(b) PO Box 669					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	•		-	
		Flowood, MS 39232	<u>-</u>	Madison,	MS 39130				
		02/11/2013	_	M130000	00897			<u>-</u>	
3.		Date of filing/registration in Florida	4.		Document number				
5.	(a)	Incorp Services, Inc.							
	(-)	Registered Agent and Registered Office shown on the records of th	e Florida I	Dept. of State	- :				
		17888 67th Court North							
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		•				
						<del></del> -			
					-	Æ(	6		
		Loxahatchee , FL	33470				<b>&gt;</b>		
					•	77	APR	T	
	(b)	Corporation Service Company				쏧착	28	_	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered		ress:	-	THO:		П	
					•		-75		
		1201 Hays Street				TATE ORIDA	çş		
		NEW Registered Office Address:			•	SIM	24		
		Tallahassee , FL	32301		<u>-</u>				
th ag wa	e cha ent v as/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist bility cor the limit imited lia	ered office npany, it is ted liability ability con	e and the business of s hereby confirmed y company or as oth apany.	ffice of the that the c	ie reg hange	istered (s)	
_	C:	_ Mass	Sara	h Glidewel	I, Member	- Fair			
	_	ture of a member or authorized representative of a member			Printed or typed name	U	_		
pr the to no	here ovisi e obl mer otifie	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I hi din writing of this change.	e to act i performa for in Ci ereby coi	in this capi nce of my hapter 603 nfirm that	acity. I further agre duties, and I am fan i, F.S. Or, if this do the limited liability	e to com niliar with cument is company	ply wi h and beiny has b	th the accept g filed een	

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

Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President