N00000004516

(Requestor's Name)	_
(Nequestors Name)	
(Address)	
,	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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MAR 1.5. 2018

CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX



To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscqlobal.com

Date: March 6, 2018

Order#: 097807/005

Re: STEP MIAMI BRANCH, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	•	22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of FLORIDA
in orde	er to change its registered offic	e or registered agent, or both, in the State of Florida.
1. The name of	the corporation: STEP MIAMI	BRANCH, INC.
2. The principa	l office address: C/O CECILIA	B. HASSAN, ESQ BAKER & MCKENZIE LLP
1111 BRICE	KELL AVENUE, SUITE 1700,	MIAMI, FL 33131
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 07/07/2	2000Document number: N00000004516
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file with the nter resigned)
	NRAI SERVICES, INC.	
	1200 S PINE ISLAND RD	FI 33324
	PLANTATION	FL 33324
6. The name and (if changed):	-	stered agent (if changed) and /or registered office
	Corporation Service Compar	пу
	1201 Hays Street	
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent.
Such change wanth orized by the		ly adopted by its board of directors or by an officer so as been notified in writing of the change.
	2. agrici	Jill Cilmi, Vice President
I horeby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions fmy duties, and I am familiar is document is being filed mer	Printed or typed name and title d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I notified in writing of this change.
By:) no	ro Cokubi	03/06/2018
Sig	nature of Registered Agent	Date
If signing on be	chalf of an entity:	
Grace E. Kirby	, Asst. Vice President	<u></u>
Т	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *