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(Re	questor's Name)			
DA)	dress)			
————(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





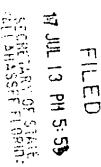
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RIANH





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscqlobal.com

Date: July 11, 2017

Order#: 717256/002

Re: MBP NETWORK, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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:Grace Kirby 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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S a organized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of F	<u></u>
1. The name of t	he corporation: MBP NETWORK,	INC.	
	office address: perry Lee's Summit, MO 64086		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/11/2001	Document number: P010000	004357
	I street address of the current regis timent of State: (If resigned, enter	tered agent and registered office on file wiresigned)	th the
	NRAI Services, Inc.		1.1
	1200 South Pine Island Road		
	Plantation	FL 33324	FIL.
6. The name and (if changed):	I street address of the new registere Corporation Service Company	ed agent (if changed) and /or registered off	PH 5: 55
			Ψ, Ι'
	1201 Hays Street	Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	s registered agent.
Such change wa authorized by th	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an e een notified in writing of the change.	officer so
	e E. Whie	Jill Cilmi, Vice President	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and till ent and agree to act in this capacity, all statutes relative to the proper and come and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	plete as registered
By: Wroca		07/11/2017	
If signing on be	half of an entity:	Date	
	Asst. Vice President		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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