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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_	_
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S TALLENT

MAY 3 0 2018

REGISTERED AGENT CHANGE SFC CANADA, INC.

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

	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SFC Canada, Inc.
2. The principal	d office address: 5000 T-Rex Ave., Suite 100 Boca Raton, FL 33431
3. The mailing a	address (if different):
4. Date of incor	rporation/qualification: 06/28/2004 Document number: P04000097587
	id street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Ngo, Dean
	5000 T-Rex Ave., Suite 100
	Boca Raton, FL 33431
6. The name and (if changed):	C T Corporation System
	e/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable
	Plantation, Florida 33324
The street addre	ress of its registered office and the street address of the business office of its registered agent,
Such change wanthorized by the	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Signati	Ocar Ngo Scoretary
agent. Or, u in hereby confirm	of the appointment as registered agent and agree to act in this capacity. In comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	rporation System Security 05/29/2018
GT Cor By:	gnature of Registered Agent Date
Sig	ehalf of an entity: Stephanle Boehm Service Manager

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