PO4284

(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:				

Office Use Only



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06/19/15--01029--009 **35.00

2015 JUH 19 PM 12: 20
SECRETARY OF STATE
AND ANARSEE FLORIDA

JUN 2 9 2014 C. CARROTHERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Michael Rosenberg michael.rosenberg@cscglobal.com

Date: June 17, 2015

Order#: 605932-020

Re: DATMAX-O'NEIL CORPORATION

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 Please return evidence to the following:

Attn: Michael Rosenberg 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

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

statement of	change is submitted for a corpo	0502, 617.0502, 607.1508, or 617.1508, Florida Statute or oration organized under the laws of the State of Delay flice or registered agent, or both, in the State of Florida	vare
1. The name	of the corporation: DATAMAX	-O'NEIL CORPORATION	
2. The princi	pal office address: 4501 Parkw	vay Commerce Blvd, Orlando, FL 32808	
			2011 S.E.
3. The mailin	g address (if different):		
4. Date of inc	corporation/qualification: 12/0	7/1984 Document number: P04284	SET F
5. The name	and street address of the curren partment of State: (If resigned,	nt registered agent and registered office on file with the	PH 12: 20
	NRAI Services, Inc.		
	1200 South Pine Island Ro	oad	
	Plantation, FL 33324		
6. The name (if changed		egistered agent (if changed) and /or registered office	
	Corporation Service Comp	pany	
	1201 Hays Street		
	- 4. 1	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street ad as changed w	dress of its registered office a	nd the street address of the business office of its regis	stered agent,
Such change authorized by	was authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an office has been notified in writing of the change.	ΓSO
Spe	puh WN	Jacqueline Katzel Ass	t. Secretary
U Sig	Sture of an officer or diffector	Printed or typed name and title	
I hereby acce I further agre performance agent. Or, if hereby confir Corpora	ept the appointment as registe, ee to comply with the provisio, of my duties, and I am familio this document is being filed n m that the corporation has be tion Service Company	red agent and agree to act in this capacity, ins of all statutes relative to the proper and complete ar with and accept the obligation of my position as re nerely to reflect a change in the registered office addi een notified in writing of this change.	gistered ress, I
	Signature of Registered Agent	06/16/2015	
A.A.	Signature of Registered Agent	Date	
If signing on	behalf of an entity:		
Sylvia Quep	pet, Assistant Vice President		
	Typed 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 * * *