P07000061438

(Requestor's Name)					
(Address)					
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(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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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: June 3, 2019

Order#: 775791/005

Re: SEMINOLE CAMPS SERVICE CORPORATION

Enclosed please find:

XX __ Change of Registered Agent and Office.

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:Carissa Koetitz 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

situement by th	e provisions of sections 607.0502, 617.0 nange is submitted for a corporation org	tanized under the l	lines of the State of F	lorida	
in ord	ler to change its registered office or reg	istered agent, or h	oth, in the State of Fl	orida.	
	the corporation: Seminole Camps Ser				
2. The principa	al office address: 3206 Dunbar Lane, Ta	illahassee, FL 323	311		
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 05/22/2017	Documen	t number: P0700006	1438	
The name an	d street address of the current registered runent of State: (If resigned, enter resig	l agent and malas	red office on file with	the	
	Benton, Richard E				
	1415 E. Piedmont Dr. Ste 4				
	Tallahassee	FL	32308		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company			王: []	-
	1201 Hays Street			5 A	ſ
P.O. Box NOT acceptable					
	Tallahassee	FL.	32301	4.8	
The street addre as changed will	ss of its registered office and the street be identical.	address of the bu	siness office of its re	egistered agent.	
Such change was	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of dottified in writing o	directors or by an officity of the change.	icer so	
(MT)	e of an office of director	Catherine M. Jo			
hereby accept to further agree to performance of the agent. Or, if this pereby confirm to	the appointment as registered agent are comply with the provisions of all states of dulies, and I am familiar with and a state of dulies, and I am familiar with and a state of the compart is being filed merely to refine the corporation has been notified in Service Company	nd agree to act in t utes relative to the accept the obligati	e proper and comple ion of my position as	te registered ddress, 1	
——————————————————————————————————————	ature of Registered Agent	06/03/2019	Date		
f signing on beh	alf of an entity:				
	Asst. Vice President				
Tyr	red or Printed Name				
	* * * FILING FE	E: \$35.00 * * *			

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