Division of Corporations

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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 (614)280-3338 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:

REGISTERED AGENT CHANGE DIRECTPOST-OFFICE, INC.

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DEC 1 9 2018

S. YOUNG

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Help

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut		
	change is submitted for a corporation organized under the laws of the State of Florid		- .
	order to change its registered office or registered agent, or both, in the State of Floria	и.	
1. The name	of the corporation: DIRECTPOST-OFFICE, INC		· · ·
2 The princ	ipal office address: 1830 East Park Avenue Suite #1 Tallahassee FL 32301	•	
· · · · · · · · · · · · · · · · · ·			
3 The maili	ng address (if different):		
3. (iii kitaii)	1,5 000,000 (0 01,000,00)	· .	
4. Date of in	corporation/qualification: 10/16/2008 Document number: P08000093873		•
	and street address of the current registered agent and registered office on file with the		
Pionaa Di	epartment of State: (If resigned, enter resigned)	70=	8
:	COX, ROBERT S		0
,	122 S CALHOUN ST		330
	TALLAHASSEE, FL 32301-1518	3851	∞.
6. The name (if change	and street address of the new registered agent (if changed) and /or registered office d): C T Corporation System	FLORIDA.	SE : 30
. '.	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O. Box: NOT acceptable	٠.	÷.
.⁺	Plantation, Florida 33324	,	
The street ad	dress of its registered office and the street address of the business office of its regis	tered age	ent,
	vill be identical.		
authorized by	was authorized by resolution duly adopted by its board of directors or by an officer y the board, or the corporation has been notified in writing of the change.	SO	
. 5	M. Craig Moss, Senior Vice President		
1	nature of an officer of director Printed or typed name and take	 `	-
I hereby acci I further agre performance agent. Or, it hereby confi	ept the appointment as registered agent and agree to act in this capacity, see to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as reg this document is being filed merely to reflect a change in the registered office addr m that the corporation has been notified in writing of this change.	zistered ess, I	. *.
By:	8 000 12 12/1/18		•
Nath	Signature of Registrated Agent Date an S. Giffin Asst. Secretary		_
	behalf of an entity:		
	Typed or Printed Name		

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