P09000074844

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	+)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600313677946

05/25/18--01010--019 **35.00



RARDIM

MAY 29 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

 $_{\text{SUBJECT:}}\underline{\text{Verdicorp, Inc.}}$

Name of Corporation

P09000074844

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael H. Moody

Name of Contact Person

Greenberg Traurig, P.A.

101 E. College Ave.

Tallahassee, Florida 32301

City/State and Zip Code

moodym@gtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Moody

at (850) 425-8544
Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Street Address:

Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607,0502, 617,0502, 607,1508, or 617, uange is submitted for a corporation organized under the laws o ler to change its registered office or registered agent, or both, i	of the State of Florida	
1. The name of	the corporation: Verdicorp, Inc.		
	al office address: 4030 N. Monroe St., Tallahassee.	, FI 32303	
3. The mailing	address (if different);		
4. Date of inco	rporation/qualification: 09/22/2010 Document num	nber: P09000074844	
	nd street address of the current registered agent and registered of artment of State: (If resigned, enter resigned)	office on file with the	
	Conry, Ronald D		
	4030 N. Monroe St.		
	Tallahassee, FI 32303		
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /o	-	
	Registered Agents, Inc.	2018 HAY SECRETALLAHA	П
	3030 N. Rocky Point Dr., Ste 150A	Y 25 ARSSAR	=
	P.O. Box NOT acceptable Tampa, Florida 33607	A CA	
The street addr as changed wil	ress of its registered office and the street address of the busine II be identical.	ess office of its registere in gent	_
Such change wauthorized by t	cas authorized by resolution duly adopted by its board of directibe board, or the corporation has been notified in writing of the	ctors or by an officer so he change.	
B.	Las Acrons une of an officer or director Printed or	(ore 4 typed name and title	
I hereby accep I further agree performance o agent. Or, if the hereby confirm	of the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the pi I my duties, and I am familiar with and accept the obligation his document is being filed merely to reflect a change in the r t that the corporation has been notified in writing of this chan	comacin	
_ BW B	How os/16/18 grature of Registered Agent	Date	
	,	Date	
Bill Havre	ehalf of an entity:		
	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * *		