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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 BLAKE & PENDLETON, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

Blake & Pendleton Inc. P10903 **DOCUMENT NUMBER:** 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: Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zachary Ysais Name of Contact Person Area Code & Daytime Telephone Number

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050. nge is submitted for a corpora r to change its registered office	tion organizec	l under the la	ws of the State of	Georgia		
	he corporation: Blake & I			n, m me siare of	r sortuu.		
	office address: 200 Cher			02 MACOI	N, GA 31201		
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 7/24	/1986	Document	number: P109	903		
	I street address of the current re tment of State: (If resigned, en		t and registere	ed office on file w	vith the		
	BRANT, REITER, M	CCORMI	CK & JOH	HNSON, P.A	٨.		
	135 W BAY ST STE 400 4 FLOOR						
	JACKSONVILLE	····	FL	32202	-		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.							
	155 Office Plaza		-		- 35 9		
	Tallahassee	P.O. Box NO FL	T acceptable 3230)1	PM I2: 03 OF STATE SEE, FL		
The street addre	ss of its registered office and be identical.	the street add	ress of the bu	siness office of i	111 ==		
Such change wa authorized by th	s authorized by resolution dule board, or the corporation ha	ly adopted by is been notifie	its board of c d in writing o	firectors or by ar of the change.	ı officer so		
/s/ J. Allen Signatur	King e of an officer or director	J <u>.</u>	Allen Kii	ng ed or typed name and t	CEO		
of my duties, and document is bei	the appointment as registered to comply with the provisions of I I am familiar with and acce, ng filed merely to reflect a chi been notified in writing of thi	of all statutes of the obligati inge in the re	ree to act in a relative to the on of my pos	this capacity. e proper and con ition as registers	mplete performance		
Hode	autife of Registered Agent	•	4/29/20	21			
Sign	attre of Registered Agent			Date			
If signing on bel	nalf of an entity:						
	Assistant Secretary	 -					
Ту	ped or Printed Name	L file box	P35 00 ± ± ±				