P130053530

(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



300315582393

07/11/18--01018--008 *+55.00

JUL 12 2018 S. YOUNG

THE JUL 11 PH 14 01
SECRETARY OF STATE
MALLAHASSEE, FLORID



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: July 9, 2018

Order#: 290266/005

Re: PCS EXPERTS OF MELBOURNE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{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 Return Regular Mail in the enclosed envelope.

Attn:Ami Casper 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 30TH FOR CORPORATIONS

tatement of cha	unge is submitted for a corpor	602, 617.0502, 607.1508, or 617.1508, Florida State ration organized under the laws of the State of Fiol fice or registered agent, or both, in the State of Flori	rida
			<i></i>
I. The name of		RTS OF MELBOURNE, INC.	
2. The principal	office addres: 2290 Center	Lake Drive, Suite 107, Melbourne, FL 32947	
3. The mailing a	address (if different): 32300 l	Northwestern Highway, Suite 210, Farmington Hills	s, MI 4833-:
4. Date of incorp	poration/qualification: 06/17	7/2013 Document number: P13000052:	520
	d street address of the current riment of State: (If resigned, c	registered agent and registered office on file with the enter resigned)	he
	Sarmad Shayota	·.	∑ ≤ 3
	2290 Town Center Drive, Se		CRIT
	Melbourne, FL 32946		SS = 1
6. The name and (if changed):	•	gistered agent (if changed) and /or registered office	PH 1: 0
	Corporation Service Compa	any	A r. =
	1201 Hays Street		
		2.O. Box NOT acceptable	
	Tailahassee	FL 32301	
The street addre	ess of its registered office and be identical.	d the street address of the business office of its reg	nstered agent,
Such change wa authorized by th	is authorized by resolution di board, or the corporation h	uly adopted by its board of directors or by an offic as been notified in writing of the change.	eer so
		Jason Kishmish, Secretary & Treasu	rer
Signatu	re of an officer or director	Printed or typed name and title	
l further agree to performance of agent. Or, if thi hereby confirm	to comply with the provisions my duties, and I am familiar is document is being filed me	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as re- crely to reflect a change in the registered office ad- n notified in writing of this change.	registered
By: U	, m x ey	07/09/2018	
2 j da	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ami M. Casper,	Asst. Vice President		
Ty	ped or Printed Name		

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