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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (954)208-0845

Fax Number : (614)573-3996

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## REGISTERED AGENT CHANGE CAGE USA MANAGEMENT, INC.

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To:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: CAGE USA Management. Inc.
	office address: 8614 Sandy Plains Drive
	Riverview, Florida 33578
3. The mailing a	ddress (if different): 252 Avenue Ponce de Leon, Suite 1600
4. Date of incorp	oration/qualification: 1/27/14 Document number: P14000008687
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enterresigned)
	Edward Christians Jr
	8614 Sandy Plains Drive
	Riverview, Florida 33578
6. The name and (ifchanged):	street address of the new registered agent (if changed) and /or registered office CTC Corporation System
	C 1 Corporation System
	1200 South Pine Island Road
	P.O. Box NOT acceptable Plantation, Florida 33324
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
James 7	M. Christian, Sr. James M. Christian, Sr Corporate Secretary e of an officer or director Printed or typed name and title
of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this neglified merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.  System ————————————————————————————————————
	nature of Registered Agent Date
If signing on be	half of an entity:
taity toon, asst. s	ecretary
Ty	ped or Printed Name  * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: