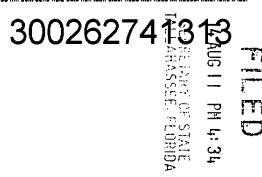
## P14000010282

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	







08/11/14--01031--002 \*\*35.00



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 198087
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: August 7, 2014

Order#: 233467/165

Re: SYSTEMATIC CAPITAL MANAGEMENT CORP

Enclosed please find:

XX Change of Registered Agent and Office.

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 2711 Centerville Road, Suite 400

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 BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of the State o	of Florida
1. The name of t	he corporation: SYSTEMATIC CAPI	TAL MANAGEMENT CORP	
2. The principal	office address: 1152 N. University Dr	rive, #203, Pembroke Pines, FL 33	3024
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification:	Document number:	
	street address of the current registere tment of State: (If resigned, enter resigned)		with the
	Sohail Hussain		F (c)
	1152 N. University Drive, #203		
	Pembroke Pines	FL 33024	SSAHRATIL - AUG II
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or registered	PH 4: 34 office STATE
	Corporation Service Company		16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18
	1201 Hays Street		
		NOT acceptable	_
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the street be identical.	eet address of the business office of	f its registered agent,
Such change wa authorized by th	s authorized by resolution duly adop se board, or the corporation has been	ted by its board of directors or by a notified in writing of the change.	in officer so
T		Dona Priebe, Vice President	
Siplate	of a officer L. Eirector	Printed or typed name and	ftitle
I further agree i performance of agent. Or, if thi hereby confirm	the appointment as registered agent to comply with the provisions of all smy duties, and I am familiar with an is document is being filed merely to rethat the corporation has been notifien Service Company	tatutes relative to the proper and c d accept the obligation of my posit. reflect a change in the registered of	ion as registered
By: Y	ace texple	08/07/2014	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby	, Assistant Vice President		
Ty	yped or Printed Name		

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