P15000062336

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
	•			
(Document Number)				
Certified Copies	Copies Certificates of Status			
Special Instructions to Filing Officer:				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 7, 2016

Order#: 278494/005

Re: STUART-LIPPMAN AND ASSOCIATES, INC.

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 607.0302, nge is submitted for a corporati	on organized under the la	ws of the State of F	lorida
	r to change its registered office			orida,
1. The name of t	he corporation: STUART - LIPP	PMAN AND ASSOCIATE	S, INC.	
2. The principal	office address: 5447 E. 5th Stre	eet, #110, Tucson, AZ 85	5711	,
*				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 07/22/20	Document	number: P1500006	32336
	street address of the current reg trnent of State: (If resigned, enter		ed office on file with	the
	Registered Agent Solutions, In	c.		
	155 Office Plaza Drive, Suite A		***************************************	
	Tallahassee, FL 32301			
6. The name and (if changed):	street address of the new regist	ered agent (if changed) an	d /or registered offic	FILT 2016 SEP -9 RECRETAR
	Corporation Service Company		······································	TAR.
	1201 Hays Street			SE S
		Box NOT acceptable		4: 2'
	Tallahassee	FL	32301	25 RIG
The street addre	ess of its registered office and the identical.	ne street address of the bu	siness office of its r	egistered agent,
Such change wa authorized by th	s authorized by resolution duly te board, or the corporation has	adopted by its board of obeen notified in writing of	directors or by an of of the change.	ficer so
Clero	ene Down	- UEron	e hippnu	20-Pres.
// "	re of an officer or director		ed or typed name and little	
performance of agent. Or, if thi hereby confirm Corporatio	the appointment as registered of comply with the provisions of my duties, and I am familiar wis document is being filed mere that the corporation has been not Service Company	t all statutes relative to the th and accept the obligate by to reflect a change in the	ie proper ana compi tion of my position a he registered office i	s registered
By: Sy	nature of Registered Agent	09/07		
Sky	nature of Registered Agent		Date	
If signing on be	half of an entity:			
Sylvia Queppet	, Asst. Vice President	_		
Ту	ped or Printed Name			

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