Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000421084 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

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

**Enter	the	email	address	for	this	busines	SS	entity	to	be ı	used	for	future
an	nual	report	t mailin	gs.	Enter	only o	ne	email	addı	ress	ple	ase.	* *

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REGISTERED AGENT CHANGE NATIONWIDE STATISTICAL RESOURCES INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

H22000421084 3

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations	•
SUBJECT: NATIONWIDE STATISTIC	CAL RESOURCES INC.
Name of Corporation	
DOCUMENT NUMBER: P1800006	8768
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Vanessa Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report further information concerning this matter, please	·
Vanessa Castillo	000
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Confact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	irtment of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 offic	ation organized u	nder the la	ws of the State o	or Florid	da	
2. The principal	he corporation: <u>NATION</u> office address: <u>3138 Via</u> orth, FL 33467				SOUR	CES	<u>IN</u> C
	ddress (if different): 2 Gric						
4. Date of incorp	poration/qualification: 8/9/2	2018	Document	number: P18	SUUUUI	28/6	8
	street address of the current in the tree transfer of State: (If resigned, each		nd registere	ed office on file	with the		
	Blumberg Excels	sior Corpo	rate Se	ervices, li	nc		
	155 Office Plaza Drive		1st F	L.			
	Tallahassee		FL	32301		2022 (-~
6. The name and (if changed):	street address of the new reg	_	•	-	office	622 DEC 14 1	, 1
	Registered Age		ns, inc). 	—; <u>;;</u> ;	PH 2:	· · · · · · · · · · · · · · · · · · ·
	155 Office Plaz		Suite <i>F</i>	7		2: 2	*****
	Tallahassee	P.O. Box NOT a	cceptable 323(01		0	
The street addre	ss of its registered office and be identical.	I the street addres	ss of the bu	isiness office o	f its regis	tered as	gent.
Such change wa authorized by th	s authorized by resolution due board, or the corporation h	uly adopted by its as been notified	s board of o	directors or by a of the change.	an officer	r so	
/s/ BILLIE	PHILLIPS	BIL		HLLIPS		orized	Person
I hereby accept I further agree to of my duties, and document is bein	the appointment as registere or comply with the provisions of I am familiar with and according filed merely to reflect a cluber notified in writing of the state	of all statutes re ept the obligation lange in the regi: his change.	e to act in	we proper and calification as registe eaddress, I he		oerform t, Or, i ìrm thá	nance I this t the
•	nature of Registered Agent			Date	_ 		
If signing on bel	half of an entity:						
	Assistant Secretary						
T)	ped or Printed Name *** F	ILING FEE: \$3	5.00 * * *				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)