P20195

| (Re | questor's Name) | | |
|---|------------------------|--|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone #) | | |
| PICK-UP | WAIT MAIL | | |
| (Bu | siness Entity Name) | | |
| (Do | ocument Number) | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| * refrese | Office Use Only ~ | | |



900266920629

12/04/14--01019--006 **35.00

SECRETARY OF STATE OF STATE OF CORPORATION OF CORPORATION

C.L. 14



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: December 2, 2014

Order#: 390063-006

Re: BETCO, 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 Please return evidence to the following:

Attn: Chelsey Martine c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha | provisions of sections 607.0502 ange is submitted for a corporate er to change its registered office | tion organized under the la | ws of the State of Delawa | are | |
|---|---|---|---|---------------------------|-----------------------|
| 1. The name of | the corporation: BETCO, INC. | OF N.C. | | | |
| | office address: 228 Commerce | | C 28625 | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | poration/qualification: 07/25/1 | 988 Document | number: P20195 | | |
| | d street address of the current retrement of State: (If resigned, en | | ed office on file with the | | |
| | CT Corporation System | | | | |
| | 1200 South Pine Island Road | l | | | |
| | Plantation, FL 33324 | | | ••• | |
| 6. The name and (if changed): | d street address of the new regis | stered agent (if changed) an | d /or registered office | SECRETAR DIVISION OF C | : : : : 1 |
| | Corporation Service Compan | У | | చ≺ | 7 |
| | 1201 Hays Street | | | AMII: | <u>ز</u> ت : |
| | Tallahassee | O. Box NOT acceptable | 32301 | SHOILDHS | |
| The street address changed will | ess of its registered office and be identical. | the street address of the bu | siness office of its regis | tered agent, | |
| Such change was authorized by the | as authorized by resolution dul he board, or the corporation ha | y adopted by its board of one is been notified in writing of | directors or by an officer of the change. | so | |
| Signati | I an officer or director | Dona Priebe, V | /ice President | <u> </u> | |
| I further agree performance of agent. Or, if th hereby confirm | the appointment as registered to comply with the provisions of my duties, and I am familiar values document is being filed mer that the corporation has been on Service Company | of all statutes relative to the with and accept the obligate ely to reflect a change in t | ne proper and complete tion of my position as res he registered office addr | zistered ess, I | |
| By: Selvi | a august | 12/02/2014 | Date | | |
| V - 2 | gnature of Registered Agent chalf of an entity: | | Date | | |
| Sylvia Queppe | t, Assistant Vice President | | | | |
| T | Typed or Printed Name | _ | | | |

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