P30900

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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09/20/19--01031--017 +*35.00

R. WHITE
OCT 05 DJ



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 18, 2019

Order#: 892169-008

Re: ANALYTIC SERVICES INC.

Enclosed please find:

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: Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive 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	inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of <u>CA</u> r registered agent, or both, in the State of Florido		
L. The name of a	the corporation: ANALYTIC SERV	VICES INC.		
2. The principal	office address: 5275 Leesburg P	ike SUITE N-5000, Falls Church, VA 22041		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/21/199	0 Document number: P30900		
	f street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND RO	DAD	~;	
	PLANTATION, FL 33324		58 610Z	1
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	∵ 20	
	Corporation Service Company	-1	PH 12: 2:]
	1201 Hays Street		27	
		Box NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the be identical.	e street address of the business office of its regis	tered agent.	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer been notified in writing of the change.	* SO	
	Xia & Cignia	Jill Cilmi, Vice President		
Signatu	e of an afficer or director	Printed or typed name and title		
I further agree to performance of agent. Or, if the hereby confirm Corporatio	to comply with the provisions of t my duties, and I am familiar with is document is being filed merely that the corporation has been no n Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as reg to reflect a change in the registered office addr stifted in writing of this change.	gistered Fess, I	
By: Xinomi	Nature of Registered Agent	08/26/2019		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
T	yped or Printed Name	-		

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