P340A3

(Red	questor's Name)		
(Ado	dress)		
(Add	dress)		
(City	y/State/Zip/Phone	e #)	
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PICK-UP	☐ WAIT	MAIL	
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(Bus	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certified Copies Certificates of Status		
Special Instructions to I	Filing Officer:	-	
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12/17/14--01024--008 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L. 3314

· Store



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: December 15, 2014

Order#: 408904-071

Re: NATIONAL DRUG & SAFETY LEAGUE

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: Janis M. Smith

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	inge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes ion organized under the laws of the State of DC or registered agent, or both, in the State of Florida.		
1. The name of t	the corporation: NATIONAL DR	RUG & SAFETY LEAGUE, INC.		
		ania Avenue NW, Suite 1000, Washington, DC 20	006	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/21/19	991 Document number: P34023		
	l street address of the current requent of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)		
	C T Corporation System			ي ي
1200 South Pine Island Road			14 DEC 17	ECRE ISION
	Plantation	FL 33324	11	00 30 7.841
6. The name and (if changed):	street address of the new regist	ered agent (if changed) and /or registered office	PH 2: 0	of STATE
	Corporation Service Company			SHOIL
	1201 Hays Street			
		D. Box NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the identical.	he street address of the business office of its registe	ered ag	gent,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so	
Dona Priebe, Vice President				
Signatu	re of an officer or director	Printed or typed name and title		_
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of my duties, and I am familiar wi is document is being filed mere	agent and agree to act in this capacity. f all statutes relative to the proper and complete ith and accept the obligation of my position as reg ly to reflect a change in the registered office addre totified in writing of this change.	istered ess, I	,
By: Sil	in august	12/10/2014		
	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Sylvia Queppet	, Assistant Vice President			
Ту	ped or Printed Name	-		

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

KE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE