## PH0816

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phono	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000273040880

06/17/15--01022--009 \*\*35.00

15 JUN 17 AH IO: 14
SECRETARY CARBON

Rachange



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscqlobal.com

Date: June 15, 2015

Order#: 648983-075

Re: SPINNEYBECK ENTERPRISES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Lindsey Lockard

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

15 JUN 17 AN IO: I

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

statement of cha	nge is submitted for a corpo	ration organized under the laws of the State of New York ice or registered agent, or both, in the State of Florida.	<del>_</del> .
1. The name of	the corporation: SPINNEYBI	ECK ENTERPRISES, INC.	
2. The principal	office address: 425 Crosspo	oint Parkway, Getzville, NY 14068	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/06	6/1992 Document number: P40816	
	d street address of the current rtment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	
	CT Corporation System		
	1200 South Pine Island Ro	ad	
	Plantation	FL 33324	
6. The name and (if changed):	d street address of the new re	gistered agent (if changed) and /or registered office	
	Corporation Service Compa	any Lany Lany Language Langua	-17
	1201 Hays Street		(*Black Parameter
	Tallahaaaa	P.O. Box NOT acceptable  FL 32301	
	Tallahassee	<u> </u>	A
The street address changed will	ess of its registered office an be identical.	nd the street address of the business office of its registered age	ent,
Such change wa authorized by the	as authorized by resolution on the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
T		Dona Priebe, Vice President	
S gna.	e of a officer of effector	Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provision my duties, and I am familia is document is being filed m	red agent and agree to act in this capacity.  as of all statutes relative to the proper and complete  ar with and accept the obligation of my position as registered  berely to reflect a change in the registered office address, I  en notified in writing of this change.	
By: Sign	in august	06/10/2015	_
/ DSIg	nature of Registered Ağent	Date	
If signing on be	ehalf of an entity:		
Sylvia Queppe	et, Asst. Vice President		
7	yped or Printed Name		

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