09/09/2015	Lake.	PAGE 15/20				
Division of Corporation	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	a/scripts/cfilcovr.exe				
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					To: Division of Corporations Fax Number : (850)617-6380	
					From: Account Name : CORPORATE CREATIONS INTERNATIONAL IN- Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639	c.
				Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		
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·	REGISTERED AGENT CHANGE					
11. 	Certificate of Status 0					
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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this Florida statement of change is submitted for a corporation organized under the laws of the State of _ in order to change its registered office or registered agent, or both, in the State of Florida.

I. The name of the corporation: SR Six, Inc.

2. The principal office address:_ 400 Interpace Parkway, Parsippany, NJ 07054

3. The mailing address (if different):

400 Interpace Parkway, Parsippany, NJ 07054

- Document number: P94000050384 4. Date of incorporation/qualification: 07/07/1994
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ----

Corporate Creations Network			
11380 Prosperity Farms Road	l, No. 221E		
P.O. Box. NOT			
Palm Beach Gardens, FL 334	10		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.			
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized py the board, of the corporation has been notified in writing of the change.			
Signature of an officer or director	Caitlin Lazarus, Attorney-in-Fact		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.			
(1)	09/09/2016		
Stgnature of Registered Agent	Date		
If signing on behalf of an entity:			
Caitlin Lazarus, Special Secretary			
* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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