## P97000004472

| (Requestor's Name)                      |
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JUL 2 6 2017 T. LEMMEUX





CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Ami Casper ami.casper@cscqlobal.com

Date: July 17, 2017

Order#: 724705/005

Re: SOYRING CONSULTING, 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 Return Regular Mail in the enclosed envelope.

Attn:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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

|   | provisions of sections 607.0502, 617.0502, 60.<br>nge is submitted for a corporation organized t  |  |   |   |                     | this            |  |
|---|---|--|---|---|---------------------|-----------------|--|
|   | to change its registered office or registered of  |  |   |   |                     |                 |  |
| 1. The name of the  | he corporation: SOYRING CONSULTING, IN  | IC.  |   | <u> </u>  |                     |                 |  |
| 2. The principal  | office address: 880 21st Avenue N, St. Peter  | sberg, FL 3  | 3704  |   | <del></del>         |                 |  |
|   |   |  |   |   |                     |                 |  |
| 3. The mailing ac   | ddress (if different):  |  |   |   | <u></u>             |                 |  |
| 4. Date of incorp   | oration/qualification: 01/10/1997   | Document   | number:   | P97000  | 004472              |                 |  |
|   | street address of the current registered agent timent of State: (If resigned, enter resigned)   | and registere  | ed office   | on file wi  | ith the             |                 |  |
|   | Amelia M. Campbell  | ļ  |   |   |                     |                 |  |
|   | 101 East Kennedy Boulevard, 3700 Bank of  | America Pla  | aza   | SEU   |                     | 4-42            |  |
|   | Tampa, FL 33602   |  |   | AH A  | JUL.                |                 |  |
| 6. The name and (if changed):   | street address of the new registered agent (if  | changed) an  | d /or regi  | H. J. S. A. | fice<br>T           |                 |  |
|   | Corporation Service Company   |  | <del></del>                                       | JAN DE  | ₽<br>28             | <b>,</b>        |  |
|   | 1201 Hays Street  |  |   |   | ,—                  |                 |  |
|   | P.O. Box NOT accept   | able FL  | 32301   |   |                     |                 |  |
|   | Tallahassee   |  | J2301   |   |                     |                 |  |
|   | ss of its registered office and the street addresse identical.  |  |   |   |                     |                 |  |
| Such change wa<br>authorized by th  | is authorized by resolution duly adopted by it board, or the corporation has been notified  | ts board of d<br>Lin <sup>t</sup> writing o                      | lirectors<br>of the cha                           | or by an<br>inge.   | officer s           | <del>(</del> 0  |  |
|   |   | vin J. Anders  |   |   |                     |                 |  |
| I hereby accept<br>I further agree t<br>performance of<br>agent. Or, if thi<br>hereby confirm | the appointment as registered agent and agr<br>to comply with the provisions of all statutes r<br>my duties, and I am familiar with and accep<br>is document is being filed merely to reflect a<br>that the corporation has been notified in wri<br>n Service Company | ree to act in<br>relative to th<br>t the obligat<br>change in th | this capa<br>te proper<br>ion of my<br>ne registe | and come position   | nplete<br>1 as regi | stered<br>ss, I |  |
| By. Cens  | n Lei   | 07/17/2  | 07/17/2017  |   |                     |                 |  |
| •   | half of an entity:  |  | Date  |   |                     |                 |  |
|   | Asst. Vice President  |  |   |   |                     |                 |  |
|   | ped or Printed Name   |  |   |   |                     |                 |  |
|   | * * * FILING FEE: S.  | 35.00 * * *  |   |   |                     |                 |  |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

| statement of char   | nge is submitted                                   | ctions 607.0502, 617.050<br>d for a corporation organ  | iized under                                    | the laws of the                                      | State of Flori                                  | ida                         |
|---|--|--|--|--|---|-----------------------------|
|   | -  | registered office or registe   |  | or both, in the                                      | state of r toric                                | au.                         |
| 1. The name of the corporation: SOYRING CONSULTING,   |  |  | NG, INC.                                       |  |   |                             |
| 2. The principal (  | office address:_                                   | 880 21st Avenue N. St.   | Petersberg                                     | , FL 33704   |   |                             |
| 3. The mailing ac   | ddress (if differ                                  | rent):   |  |  |   |                             |
| 4. Date of incorp   | oration/qualific                                   | cation: 01/10/1997   | Docu   | ment number:   | P97000004                                       | 172                         |
|   |  | of the current registered a<br>(If resigned, enter resigned  |  | gistered office                                      | on file with th                                 | າບ                          |
|   | Amelia M. Car                                      | mpbell   |  |  |   |                             |
|   | 101 East Kenr                                      | nedy Boulevard, 3700 Ba  | ank of Amer                                    | ica Plaza  |   |                             |
|   | Tampa, FL 33                                       | 3602   |  |  |   |                             |
| <ol> <li>The name and (if changed);</li> </ol>  | l street address                                   | of the new registered age  | nt (if chang                                   | ed) and /or reg                                      | <u>, 1, 2,                                 </u> |                             |
|   | Corporation S                                      | ervice Company   |  |  | HASSE TAR                                       | <del>خند سات</del> گ        |
|   | 1201 Hays Str                                      | reet   |  |  | ma  |                             |
|   | Tallahassee  | P.O. Box NO  | l'acceptable                                   | FL 32301   | STATES  | المِينَا<br>ب               |
| The street addre  | ess of its registe<br>be identical.                | ered office and the street   | address of                                     | the business o                                       |   | <b>∞</b><br>gistered agent, |
| Such change was authorized by the   | ns authorized by<br>the board, or the              | y resolution duly adopted corporation has been no  | d by its boa<br>ptified in wi                  | rd of directors<br>riting of the cl                  | For by an offic<br>nange.                       | cer so                      |
| 1   | A C  |  | Devin J  | Anderson, Se   |   |                             |
| I hereby accept<br>I further agree i<br>performance of<br>agent. Or, if the<br>hereby confirm | to comply with<br>my duties, and<br>is document is | ont as registered agent an<br>the provisions of all stat<br>I I am familiar with and a<br>being filed merely to refi<br>ration has been notified i | tutes retativ<br>accept the of<br>lect a chans | e to the prope<br>phligation of n<br>ge in the regis | pacity.<br>er and complet<br>ny position as     | registerea                  |
| By Clus   | M. Ley   | /  | 0  | 7/17/2017  | 4   |                             |
| Signing on be   | nature of Registered<br>half of an entit           | _  |  | Dat  | it.   |                             |
| Ami M. Casper,  |  |  |  |  |   |                             |
|   | yped or Printed Nam                                |  |  |  |   |                             |
| ·   |  | * * * FH INC FI  | <br>  TE                                       | * * *  |   |                             |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)