## P97000027074

(Re	equestor's Name)	. =			
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463314/148

Re: CCS/BAY COUNTY, 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:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 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

statement of char	provisions of sections 607.0502, 617. Inge is submitted for a corporation or to change its registered office or reg	ganized under the la	ws of the State of <u>F</u>	<u> </u>
1. The name of t	he corporation: CCS/BAY COUNTY,	INC.		
	office address: Sulph Road, King of Prussia, PA 194			
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 03/25/1997	Document	number: P970000	27074
	street address of the current registere tment of State: (If resigned, enter resi		ed office on file wi	th the
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation	FL	33324	na 🥳
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company			ಸ್ವರ
	1201 Hays Street			
	P.O. Box Tallahassee	NOT acceptable FL	32301	7: 31
The street addre	ss of its registered office and the str be identical.	eet address of the bu	usiness office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly adop e board, or the corporation has been	oted by its board of a notified in writing	directors or by an o	officer so
<u>Xiee</u>	E. almi	Jill Cilmi Vice F	President ed or typed name and title	
I hereby occept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent o comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to that the corporation has been notified Service Company	and agree to act in statutes relative to the ad accept the obliga- reflect a change in t	this capacity. he proper and com tion of my position he registered office	plete as registered
By: Droce	2-Kuby	01/26/2017		
	nature of Registered Agent half of an entity:		Date	
0 0	Asst. Vice President			
	ped or Printed Name			

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

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