FEI Number: 27-4271152			Certificate of Status Desired: No				
Name and Address of Current Registered Agent:							
ROSIER, SHANNON 1882 CAPITAL CIRCLE NE STE 102 TALLAHASSEE, FL 32308 US							
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE:	SHANNON ROSIER			04/26/2017			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	D	Title	D				

Title	D	Title	D
Name	DICKINSON, DOUGLAS E	Name	MARTIN, JOHN
Address	1147 APALACHEE PARKWAY	Address	1147 APALACHEE PARKWAY
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN MARTIN

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/26/2017

Date

FILED Apr 26, 2017 **Secretary of State** CC5456639498

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000098904

Entity Name: CUSTOMER SERVICE SYSTEMS, INC.

## **Current Principal Place of Business:**

1815 THOMASVILLE ROAD TALLAHASSEE, FL 32303

## **Current Mailing Address:**

POST OFFICE BOX 3299 TALLAHASSEE, FL 32315 US

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