

F08 00000 2930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

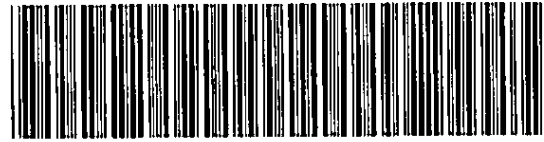
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

C. GOLDEN

APR - 3 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SSDC SERVICES CORP.
Name of Corporation

DOCUMENT NUMBER: SSDC SERVICES CORP.

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Beth Shewell

Name of Contact Person

Corporate Consulting, Ltd.

Firm/Company

619 New York Avenue

Address

Claymont, DE 19703

City/State and Zip Code

beth@ready2inc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Shewell

Name of Contact Person

at (302) 798-6015

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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.

1. The name of the corporation: SSDC SERVICES CORP.
2. The principal office address: 28125 CABOT DRIVESUITE 201, NOVI, MI 48377

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/27/2008 Document number: F08000002930

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Pacific Registered Agents, Inc.
5647 North 110th Avenue
P.O. Box NOT acceptable
Royal Palm Beach, FL 33411

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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 by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

MICHAEL C. NEAL PRESIDENT
Printed or typed name and title

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.

[Signature]
Signature of Registered Agent

February 26, 2019
Date

If signing on behalf of an entity:

Charles F. Mathias
Typed or Printed Name

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