**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number : (702)866-2689

\*\*Enter the email address for this business entity to be used for Fiture annual report mailings. Enter only one email address please

## REGISTERED AGENT CHANGE

## TOTAL ADMINISTRATIVE SERVICES CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

MOV 25 2015 A RAMSEY

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Total Administrative Services Corporation Name of Corporation
DOCUMENT NUMBER: F08000005451
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:
Jackie Defilippis  Name of Confact Person  In Corp Services Inc.
2300 Corporate Circle, Ste. 400
Henderson, NV 99074 City/State and Zip Code
Documents@incorp.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person 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

CR2E045 (03/12)

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## 12:40:55 p.m. 11-24-2015 TIDUOUXO391-3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	•	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Wisconsin
In order to c	hange its registered office or registe	ered agent, or both, in the State of Florida.
1. The name of the co	rporation: Total Administrative	Services Corporation
2. The principal offic	e address: 2302 International La	ane, Madison, WI 53704
3. The mailing addres	ss (if different):	
4. Date of incorporati	on/qualification: 12/29/2008	Document number: F0800005451
	et address of the current registered a t of State: (If resigned, enter resigne	gent and registered office on file with the
SM	ITH, GARY	·
140	8 Harbor Walk Rd	
Tar	npa, FL 33602	
6. The name and stree (if changed):	et address of the new registered ager	nt (if changed) and /or registered office
InC	orp Services, Inc.	
178	88 67th Court North	OR OR
<del></del>	P.O. Box NOT	acceptable
Lox	ahatchee, FL 33470	<u> </u>
The street address of as changed will be id	its registered office and the street a	address of the business office of its registered agent,
Such change was aut authorized by the boa	horized by resolution duly adopted ard, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Signature of an	othicer or director	Steve Cable, Chief Financial Officer Printed or typed name and title
I further agree to con performance of my di agent. Or, if this doc	utlès, and I am familiar with and ac	iles relative to the proper and complete ccept the obligation of my position as registered act a change in the registered office address. I
Jankink	4 Chiosis	October 29, 2015
Signature o	i Registeriji I lgent	Date
If signing on behalf o	of an entity:	
Jackie DeFilippi	s on behalf of Incorp Service	es. Inc.

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

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

Typed or Printed Name

H15000280391-3