(((H23000085311 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.

Fmail	Address:		
CIII O Y Y	MUUI E33.		

REGISTERED AGENT CHANGE FACILITY WIZARD SOFTWARE INCORPORATED

Certificate of Status	0
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Estimated Charge	\$35.00

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Help

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COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: Facility Wizard Soft	tware Incorpora	ted
Name of Corporation DOCUMENT NUMBER: F1100000	0749	
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted	I for filing.
Please return all correspondence concerning this mat	tter to the following:	
Mary Castillo		202
Name of Contact Person		五 当 可
Registered Agent Solutions, Inc.		7
Firm/Company	-	5 6
Corporate Center One, 5301 Southwest Pkwy, Ste 400		R-6 AH
Address		
Austin, Texas 78735		اب ا
City/State and Zip Code	 	2023 HAR -6 AM 7: 46
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	e call:	
Mary Castillo	at (<u>888</u>) 705-7274 Area Code & Daytime	
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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050, nge is submitted for a corpora r to change its registered office	tion organized under the la	ws of the State of <u>I</u> II	inois		
2. The principal	he corporation: Facility V office address: 1855 Old o, IL 60640-0018					
3. The mailing a	ddress (if different): PO BO	ox 408693 Chica	<u>190, IL 60640</u>	0-0018		
4. Date of incorp	poration/qualification: 2/17/	Document Document	number: F 1 1000			
	I street address of the current re tment of State: (If resigned, en		ed office on file with	the		
	NRAI SERVICI	ES, INC		202		
	1200 SOUTH PINE ISL	AND ROAD		2023 HAR		
	PLANTATION	FL	33324	23 HAR - 6 AM		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions Inc.						
	Registered Ager	nt Solutions, Inc	2) [6		
	155 Office Plaza	a Dr. Suite A	4			
	Tallahassee	P.O. Box NOT acceptable FL 3230	01			
	ss of its registered office and be identical.					
Such change wa authorized by th	is authorized by resolution du ie board, or the corporation ha	ly adopted by its board of (is been notified in writing)	directors or by an of of the change.	ficer so		
s/ Kristin	Kelly to of an officer or director		elly Authorize	d Signer		
I hereby accept I further agree to If my duties, and Tocument is bein	the appointment as registered o comply with the provisions d I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	l agent and agree to act in of all statutes relative to th pt the obligation of my pos unge in the registered offic is change.	this capacity, we proper and compl witton as registered of we address, I hereby	lete performance went. Or, if this confirm that the		
Mo	usi II	03/06/20	23			
Sign	nature of Registered Agent		Date			
lf signing on bel	half of an entity;					
Mackenzie Hible	r, Assistant Secretary					
Ty	ped or Printed Name	 -				
	***F]	LING FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(45 (04/13)