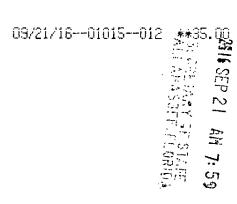
| (Requestor's Name)                      |              |          |  |  |
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| (Addre                                  | ess)         |          |  |  |
|   |              |          |  |  |
| (Addre                                  | 255)         | <u> </u> |  |  |
| <b>(</b> ) <b>3.</b> 1.                 | ,            |          |  |  |
| (2)                                     |              | 10       |  |  |
| (City/State/Zip/Phone #)                |              |          |  |  |
| PICK-UP                                 | ☐ WAIT       | MAIL.    |  |  |
|   |              |          |  |  |
| (Business Entity Name)                  |              |          |  |  |
|   |              |          |  |  |
| (Document Number)                       |              |          |  |  |
| (5000                                   | ment Hanjber | ,        |  |  |
|   |              |          |  |  |
| Certified Copies Certificates of Status |              |          |  |  |
|   |              |          |  |  |
| Special Instructions to Fil             | ing Officer: |          |  |  |
| <b>,</b>                                |              |          |  |  |
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Office Use Only



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SEP 2 6 2015 C. CARROTHERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 19, 2016

Order#: 295117-005

Re: CAGLEY & ASSOCIATES, 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 Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha                                      | nnge is submitted for a corporation org   | 1502, 607.1508, or 617.1508, Florida Statutes<br>ganized under the laws of the State of <u>Maryla</u><br>istered agent, or both, in the State of Florida.   | and                       |  |  |
|---|---|---|---------------------------|--|--|
| 1. The name of  | the corporation: CAGLEY & ASSOCIA   | ATES, INC.  |                           |  |  |
|   | office address: 6141 Executive Boule  |   |                           |  |  |
| 3. The mailing a                                      | ddress (if different):  |   |                           |  |  |
| 4. Date of incorp                                     | poration/qualification: 09/16/1988  | Document number: P20939   |                           |  |  |
|   | I street address of the current registered tment of State: (If resigned, enter resigned)  | d agent and registered office on file with the gned)  |                           |  |  |
|   | C T Corporation System  |   | VH7/17                    |  |  |
|   | 1200 South Pine Island Road   |   |                           |  |  |
|   | Plantation, FL 33324  |   |                           |  |  |
| 6. The name and (if changed):                         |   | gent (if changed) and /or registered office   | 7: 5:0<br>STATE<br>CORIDA |  |  |
|   | Corporation Service Company   |   |                           |  |  |
|   | 1201 Hays Street  |   |                           |  |  |
|   | P.O. Box NOT acceptable   |   |                           |  |  |
|   | Tallahassee   | FL 32301  |                           |  |  |
| The street address changed will                       | ess of its registered office and the stre<br>be identical.  | et address of the business office of its regist   | ered agent,               |  |  |
| Such change was authorized by the                     | is authorized by resolution duly adopt<br>the board, or the corporation has been to   | ed by its board of directors or by an officer notified in writing of the change.  | so                        |  |  |
|   |   | Dona Priebe, Vice President   |                           |  |  |
|   | re of an oliver or director   | Printed or typed name and title   |                           |  |  |
| performance of<br>agent. Or, if the<br>hereby confirm | the appointment as registered agent of comply with the provisions of all stand the provisions of all stand the provisions of all stand the provisions and I am familiar with and is document is being filed merely to resthat the corporation has been notified a Service Company | and agree to act in this capacity.<br>atutes relative to the proper and complete<br>I accept the obligation of my position as reg<br>effect a change in the registered office addre<br>I in writing of this change. | ristered<br>ess, I        |  |  |
| By: Jun   | nature of Registered Agent  | 09/19/2016  |                           |  |  |
|   |   | Date  |                           |  |  |
|   | half of an entity:  |   |                           |  |  |
|   | , Asst. Vice President  |   |                           |  |  |
| -   | -   |   |                           |  |  |

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

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