

# F03000002331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

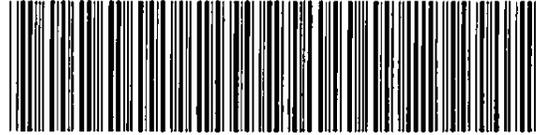
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 FEB 13 AM 11:32

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 FEB 13 PM 2:27

RECEIVED

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 02/13/2024

**\*\*WALK IN\*\***

ENTITY NAME Own, Inc

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

Plain Copy  
Certified Copy  
Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

Certified Copy of Arts & Amendments  
Certificate of Good Standing

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: I20160000072

*S R J*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Own, Inc  
Name of Corporation

**DOCUMENT NUMBER:** F03000002331

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:

**Ansley Lewis**

Name of Contact Person

**Harbor Compliance**

Firm/Company

**1830 Colonial Village Ln**

Address

**Lancaster, PA 17601**

City/State and Zip Code

**info@weareown.com**

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

For further information concerning this matter, please call:

**Ansley Lewis**

Name of Contact Person

at ( **717** ) **844-9953**

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

**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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Own, Inc
- 2. The principal office address: 3213 S West Byp Springfield, MO 65807
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 05/07/2003 Document number: F03000002331
- 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)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

FILED  
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 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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

Registered Agents Inc  
7901 4th St N STE 300  
P.O. Box NOT acceptable  
St. Petersburg FL 33702

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.

*1st Paul Engel*  
 Signature of an officer or director

Paul Engel / 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.*

*David Roberts*  
 Signature of Registered Agent

02/13/2024  
 Date

If signing on behalf of an entity:

David Roberts  
 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314