

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000311663)))



H220000311663ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

**Enter	the	email	address	for	this	busine	ess	entity	to	be	used	for	future
an	nual	repor	t mailin	gs.	Enter	only	one	email	addr	^ess	, ple	ase.	**

Email Address:\_

## REGISTERED AGENT CHANGE ARS ACQUISITION CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Y SULKEDP JAN 2 5 2022

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Floi on organized under the laws of the State or registered agent, or both, in the State	e of Delaware
<del></del>	the corporation: ARS Acquisition	·	·
2. The principal	0/5 0 1 1 1 10	lvd, Ste 201	
z. The principal	Memphis, TN 381	20	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/08/200	Document number: F070	000004014
5. The name and		istered agent and registered office on fi	le with the
	Corporation Service Company		
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-252	5	_ <del></del>
6. The name and (if changed):	d street address of the new registe	cred agent (if changed) and /or registere	ed office 7022
	C T Corporation System		
	1200 South Pine Island Road		12h
	·	P.O. Box NOT acceptable	
	Plantation, Florida 33324		<u> </u>
as changed will	be identical.	e street address of the business office	- m ω
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or been notified in writing of the change	y an officer so
Que,	D.	Joe Davis, Secretary	
Signatu	ire of all officer or director	Printed or typed name	and title
of my duttes, ar document is bei	id I am Jamiliar with and accept ing filed merely to reflect a chan s been notified in writing of this	igent and agree to act in this capacity fall statutes relative to the proper and the obligation of my position as regis age in the registered affice address, I h change.	dered agent. Or if this -
(M)	1ch	01/20/2022	
If signing on be	thalf of an entity:	Date	
Alfred \ Assistant :			
Ĩ	yped 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 cr26045 (04/13)

By: