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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (855)330-1010

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

Email Address:__

REGISTERED AGENT CHANGE H E SCOTT, INC.

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3 2021

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Help

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

statement of chi	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of Geogra		_	
in orde	er to change its registered office o	r registered agent, or both, in the State of Florida	<i>ì</i> .		
1. The name of	the corporation: HESCOTT, INC				_
2. The principal	office address: 7901 4th St N ST	E 300			
St. Petersbu	rg FL 33702				
3. The mailing	address (if different); 7901 4th St N	STE 300			
St. Petersh	urg FL 33702				
4. Date of incor	poration/qualification: 08/19/13	Document number: F13000003540)		
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)			
	NRAI SERVICES, INC				
	1200 S PINE ISLAND RD		₩,	21	
	PLANTATION, FL 33324	<u>. </u>	5 20)	2021 AUG	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		red agent (if changed) and /or registered office	ELAHASSEE, FURNI	-2	1
	Registered Agents Inc.	•	70 C 86 S	AK 9:	٠,٦
	7901 4th St N STE 300		#	44 6	
		Box NOT acceptable			
	St. Petersburg FL 3370	02			
The street addr as changed wil	ess of its registered office and the l be identical.	e street address of the business office of its regis	tered age	nt.	
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer open notified in writing of the change.	r so		
800777	SCOTT HUYGE, President		_		
Thereby accept	ure of anythicer or director t the appointment as revistered as	Printed or typed name and title gent and agree to act in this capacity.			
I further agrée verformance of	to comply with the provisions of a my duties, and I am familiar wit	all statutes relative to the proper and complete h and accept the obligation of my position as re- to reflect a change in the registered office addi- otified in writing of this change.	gistered ress, I		
Bee Home 08/02/2021					
Sig	gnature of Registered Agent	Date		-	
If signing on be	ehalf of an entity:				
Bill Havre		_			
7	yped or Printed Name	_			

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 * * *