Division of Corporations

Florida Department of State

Division of Corporations

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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 future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE WARNER SUMMERS INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Warner Summers Inc.
Name of Corporation
DOCUMENT NUMBER:
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:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number
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 Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporation r to change its registered office or	organized u	inder the law	s of the State of C	Georgia	<u> </u>	
1. The name of t	the corporation: Warner Sumn	ners Inc.					
2. The principal	office address: 1550 SOUTH		RCLE SU	HTE 100			
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 4/20/199)5	Document n	umber: <u>F95000</u>	001930	<u> </u>	
	I street address of the current regist tment of State: (If resigned, enter r		ınd registered	d office on file with	h the		
	CORPORATION SE	RVICE	COMP	ANY			
	1201 HAYS STREET				0 10 10 10 10 10 10 10 10 10 10 10 10 10	2022	
	TALLAHASSEE		FL	32301-2525	RETA	2022 MAR 3 I	E73
6. The name and street address of the new registered agent (if changed) and /or registered (if changed): Registered Agent Solutions, Inc.					RY OF ST	æ .K	
	155 Office Plaza Dr.		Suite A		ATE L	9: 02	
	Tallahassee	P.O. Box NOT:	scceptable 32301				
	ess of its registered office and the be identical.					l agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by it een notified	s board of d in writing o	irectors or by an of f the change.	officer so		
1st Kristi M	lundi re of an officer or director	K	risti Mundt	Business Mana d or typed name and fills			
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang been notified in writing of this cl	itt statutes ri he obligatio e in the regi	ee to act in t	his canacity		ormance r, if this that the	
Hode	windt	03	/30/2022				
	half of an antity			Date		-	
	half of an entity:						
	Assistant Secretary sped 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 CR2E045 (04/13)