Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

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 CONSUSIS CO.

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Corporate Filing Menu

Help

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

statement of ch	e provisions of sections 607.0502, 617. nange is submitted for a corporation or ler to change its registered office or rej	ganized under the laws of the State of	Florita	
	f the corporation: CONSUSIS Co.			<u> </u>
2. The principa	al office address: 833 BROADWAY, 2N	ID FLOOR		
NEW YORK	K 10003			
	address (if different): 833 BROADWAY	, 2ND FLOOR		
4. Date of inco	erporation/qualification: 06/13/08	Document number: P08000	0058189	
5. The name a	nd street address of the current register artment of State: (If resigned, enter res	ed agent and registered office on file		
	United States Corporation Agents,	Inc.	_ : 21	
	5575 S. SEMORAN BLVD. S	UITE 36	2020 APR -	٠.
	ORLANDO,, FL 32822		- π - ω	•
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):		PH 12: 34	; i	
	Registered Agents Inc.		3 4	
	7901 4th St N STE 300	400000	_	
	St. Petersburg FL 33702	NOT acceptable	_	
The street add	lress of its registered office and the suill be identical.	reet address of the business office of	its registered age	nt,
Such change authorized by	was authorized by resolution duly ado the board, or the corporation has been	pited by its board of directors or by a n notified in writing of the change.	n officer so	
SUSIMM	UNASHWANDUCCH	SUSANNA VASTAGH-MIUCC	1	-
I hereby acce I further agre performance	pt the appointment as registered agen to comply with the provisions of all of my duties, and I am familiar with a this document is being filed merely to m that the corporation has been notifi	at and agree to act in this capacity. statutes relative to the proper and co ind accept the obligation of my positi reflect a change in the registered off	omplete on as registered	
But	···	4/1/2020		_
	Signature of Registered Agent	Date		
If signing on	behalf of an entity:			
Bill Havre				
-	Typed 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 * * *