N110000007829

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



100374008751

10/12/21--01019--012 **35.00

RA RUICAS

OCT 23 2021 I ALBRITTON SUBJECT: Rethreaded, Inc. Name of Corporation DOCUMENT NUMBER: N11000007829 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: Karen Ibach Bowden Name of Contact Person Abel Bean Law, P.A. Firm/Company 100 N. Laura Street Suite 501 Address Jacksonville, FL 32202 City/State and Zip Code kbowden@abelbeanlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Ibach Bowden Area Code & Daytime Telephone Number Name of Contact Person

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

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

T64:

Amendment Section Division of Corporations

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

1

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute inge is submitted for a corporation organized under the laws of the State of <u>Florid</u> r to change its registered office or registered agent, or both, in the State of Florida	ia
I. The name of t	he corporation:	
2. The principal	office address: 820 Barnett Street, Jacksonville, FL 32209	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 8/17/2011 Document number: N11000007829)
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Northwest Registered Agent LLC	
	7901 4th St. N., Suite 300	2021
	St. Petersburg, FL 33702	957
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	2021 DET 12 MH 11: 03
	Abel Bean Law, P.A.	T. C
	100 N. Laura Street, Suite 501	ū
	P.O Box NOT acceptable	
	Jacksonville, FL 32202	
The street addre as changed will	ess of its registered office and the street address of the business office of its regi be identical.	stered agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office to board, or the corporation has been notified in writing of the change.	er so
- Kan	Jason Jones, COO	
	re of an office or director Printed or typed name and title	
I further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete of I am familiar with and accept the obligation of my position as registered agency filed merely to reflect a change in the registered office address. I hereby consider the position as registered of the property o	performance nt. Or if this firm that the
Vel Black	Law The hydraculaulau 9/30/2021 nature of Registered Agent	
If signing on be	half of an entity:	
Karen I	Souden printed Name	

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