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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

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REGISTERED AGENT CHANGE **HOLMES STAMP COMPANY**

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J. HORNE

JUN - 2 2022

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Help

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

•	•	17.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of	tes, this
in orde	r to change its registered office or	registered agent, or both, in the State of Florid	da.
1. The name of t	the corporation: Holmes Stamp	Company	
	office address: 2021 SAINT AL		
Jacksonville			
3. The mailing a	address (if different): 2021 SAINT	AUGUSTINE RD E Suite 2 Jacksonville FL 3	32207
		Document number: 329063	****
	I street address of the current regis rtment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	ne
	ADVOS LEGAL PLLC		E. 28
	5000 SAWGRASS CIRC	CLE, SUITE 7	bzz Juh Secre
	PONTE VEDRA BEACH	, FL 32082	ASS ASS
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered office	2022 JUN -1 PH 12: 42 SECRETARY OF STATE TALLAHASSEE, TLOWN
	Northwest Registered	Agent LLC	42
	7901 4th St N STE 300		
		P.O. Box NOT acceptable	
	St. Petersburg FL 3370)2	
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its reg	gistered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officeen notified in writing of the change.	cer so
13/	ryan C Croft	Bryan C Croft, Director	r
·	re of an officer or director	Printed or typed name and title	
I further agree of my duties, an document is bei corporation has	to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	ent and agree to act in this capacity. Ill statutes relative to the proper and complet he obligation of my position as registered ag e in the registered office address, I hereby co hange.	e performance ent. Or, if this onfirm that the
Ton Glove Signature of Registered Agent		06/01/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Tom Glove	ır		
Т	yped or Printed Name	-	

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