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(((H22000306301 3)))



H220003063013ABCR

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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.\*\*

## REGISTERED AGENT CHANGE LONGMAN ENTERPRISES, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations ongman Enterprises, Inc. Name of Corporation DOCUMENT NUMBER: 458145 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 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

Mary Castillo

Name of Contact Person

at (888 ) 705-7274

Area Code & Daytime Telephone Number

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502, nge is submitted for a corporatio r to change its registered office o	n organized	under the lav	vs of the State of Flor	rida	<del></del>
L. The name of t	he corporation: Longman Er	nterprises,	, Inc.			
	office address: 1840 McCull					
Lima, OH						
3. The mailing a	ddress (if different):					_
•	poration/qualification: 9/27/19	74	_ Document i	number: 458145		
5. The name and	street address of the current regi tment of State: (If resigned, enter	stered agent			ie	
	CORPORATION S	ERVICE	COMP	ANY		
	1201 HAYS STREET			<del> </del>		
	TALLAHASSEE		FL	32301-2525		2022 SEP
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.					HAS	P-6 AM
	155 Office Plaza Dr.		Suite A			_ œ
			<del>-</del>			
	Tallahassee	P.O. Box NOT	3230	1		
_	ess of its registered office and the be identical. is authorized by resolution duly be board, or the corporation has					nt,
1st Michael	Baker	Mic	hael Bake	=	cretary	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	gent and agr all statutes r the obligation ge in the reg change.		ed or typed name and tale this capacity. e proper and complet ition as registered ago e address, I hereby co	e performat ent. Or, if t onfirm that t	nce his the
Mackey	ziolit	09	9/06/2022	?		
-	nature of Registered Agent			Date		-
If signing on be	half of an entity:					
	Assistant Secretary					
Ty	ped or Printed Name	NC EEE. C	75 AA + + +			

\* \* \* 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)