

A95000001234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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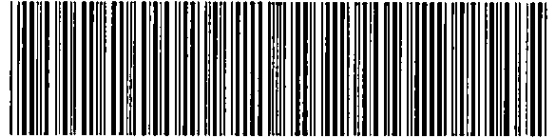
(Business Entity Name)

(Document Number)

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Change

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2024 FEB 12 AM 10:42

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2024 FEB 12 AM 11:17

SECRETARY OF STATE
FALLS CHURCH, VA 22046

A. RAMSEY
FEB 13 2024

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 298907 4710526

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : January 31, 2024

ORDER TIME : 10:25 AM

ORDER NO. : 298907-009

CUSTOMER NO: 4710526

CHANGE OF AGENT

NAME: ARCHIVE AMERICA, LIMITED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ARCHIVE AMERICA, LIMITED

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/17/1995

Date of filing/registration in Florida

3. A95000001234

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPDIRECT AGENTS, INC

Name

515 East Park Ave

Address

Tallahassee, FL 32301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/S/ Evelyn Macia Evelyn Macia, Secretary on behalf of
AAG GENERAL, INC., General Partner.

Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

FILED
2024 FEB 12 AM 10:42
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA
TALLAHASSEE