## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062

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 CIS FINANCIAL SERVICES, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

CIS Financial Services, Inc.

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

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	orovisions of sections 607.05 nge is submitted for a corpor r to change its registered offi	ation organiz	ed under the l	aws of the State of	Alabama
2. The principal  HAMILT  3. The mailing a  HAMIL  4. Date of incorp  5. The name and	office address: 818 MIL ON, AL 35570 ddress (if different): PO B TON, FL 35570 poration/qualification: 4/6/d street address of the current timent of State: (If resigned, or CORPORATIC	OX 190 2000 registered agenter resigned	6 Document and registe	TH  t number: F000  red office on file w	
	1201 HAYS STREET TALLAHASSEE		FL	32301	2019 SFP
6. The name and (if changed):	Registered Age	nt Solu	tions, In	C.	-9 AH 9: 19
	Tallahassee	FL	,	01	
as changed will					
Such change wa authorized by th	is authorized by resolution due board, or the corporation b	uly adopted l ias been noti	by its board of fied in writing	directors or by an of the change.	officer so
/s/ Paula Signatur	Rewes re of an officer or director		Paula Re	PEVES sted or typed name and titl	<u>President</u>
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registers to comply with the provision my duties, and I am familiar is document is being filed me that the corporation has bee mature. Registered Agent	s of all statut with and acc rely to reflec	es relative to t cept the obliga ct a change in	he proper and com tion of my position the registered offic change.	i as registered
If signing on be	half of an entity:				
Mackenzie	Hart, Assistant Secreta	ry			

Typed or Printed Name