F00000002350

•
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/23/13

NAME:

PEAK 10, INC.

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2013

FLORIDA FILING & SEARCH SERVICES, INC. P O BOX 10662
TALLHASSEE, FL 32302

SUBJECT: PEAK 10, INC. Ref. Number: F00000002350

2018 DEC 23 TH 4: 28

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We have received your document for PEAK 10, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

THE FEE TO FILING A CHANGE OF REGISTERED AGENT IS \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 113A00028993

Division of Comparations D.O. DOV 6997 Tallahassas Florida 2091

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

statement of chan	rovisions of sections 60 ge is submitted for a co to change its registered	orporation organized	d under the laws	of the State	ofDI	_	
1. The name of th	e corporation:	Peak 10, Inc.					
2. The principal of							
8809 Lenox Pointe Drive Suite G					NC	28273	
3. The mailing ad	dress (if different):			<u>.</u>			
4. Date of incorporation/qualification: 04/27/2000			Document number:		F00000002350		
	street address of the cu ment of State: (If resign		t and registered	office on file	with the		
_		CT Corporation	n System				
1200 South Pine Island Rd.							
_	Plantation			FL 3332			
6. The name and (if changed):	street address of the ne	w registered agent (i			l office	BEE 22	
	155 Office Plaza Drive						
•		rpuble			- 5 万		
-	Tallaha	ISSEB	Florida	3230	1	25 Sa	
The street address as changed will be	ss of its registered office identical.	ce and the street add	lress of the busi	ness office o	of its registe	red agent,	
Such change was authorized by the	s authorized by resolut e board, or the corpora	ion duly adopted by tion has been notifi	its board of dired in writing of	ectors or by the change.	an officer s	0	
hux	JIII R. Johnson, VP & Olrector of Taxation						
I hereby accept to	the appointment as rego comply with the proving duties, and Lam fur document is being fill havine comporation ha	icions of all statute	gree to act in the	nroner and i	complete	stered ss, /	
Sign	arure of Heirstered Alient	Date					
If signing on beh	nalf of an entity:	/					
Alexin	S Cassida ped or Printed Name	1					

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