

# F01000005945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

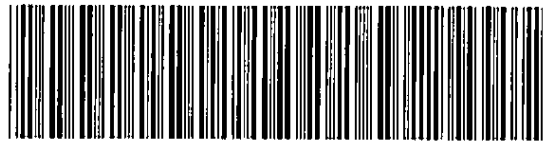
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

JUN - 9 2023

Office Use Only



000404963330

03/27/23 -- 01022 -- 019 -- 442,000

FILED  
SECRETARY OF STATE  
2023 MAR 27 AM 11:49  
STATE OF ALABAMA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PlayNetwork, Inc  
Name of Corporation

**DOCUMENT NUMBER:** F01000005945

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:

Keyona Hopkins

Name of Contact Person

Agile Legal

Firm/Company

651 N. Broad St. Ste. 308

Address

Middletown, DE 19709

City/State and Zip Code

Compliance@agilelegal.com

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

For further information concerning this matter, please call:

Keyona Hopkins

Name of Contact Person

at (302) 376-6710

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Washington in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PlayNetwork, Inc.
2. The principal office address: 14720 NE 87th St., Redmond, WA 98052
3. The mailing address (if different): 14720 NE 87th St., Redmond, WA 98052
4. Date of incorporation/qualification: 11/16/2001 Document number: F01000005945
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

REGISTERED AGENT SOLUTIONS, INC.

155 Office Plaza Dr. Suite A

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Universal Registered Agents, Inc.

1317 California Street

P.O. Box NOT acceptable

Tallahassee, FL 32304

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Keyona Hopkins  
Signature of an officer or director

Keyona Hopkins  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Keyona Hopkins  
Signature of Registered Agent

3/13/2023

Date

If signing on behalf of an entity:

Keyona Hopkins

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE