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Division of Corporations

Fax Number

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From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

Fax Number

: (888)706-7274

nter the email address for this business entity to be used for futur $oldsymbol{\epsilon}$ annual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT CHANGE PERISCOPE HOLDINGS, INC.

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COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

PERISCOPE HOLDINGS, INC. Name of Corporation F02000005942 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 Address 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 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

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

statement of cha	provisions of sections 607,0502, 61, nge is submitted for a corporation or r to change its registered office or r	organized	under the la	ws of the State of	Delaware	
	the corporation: PERISCOPE In office address: 5000 Plaza on K 78746					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 12/2/2002	2	Document i	number: F0200	000594	2
	I street address of the current registe tment of State: (If resigned, enter re		and registere	d office on file w	rith the	
	C T CORPORATION	SYST	EM		_	
	1200 SOUTH PINE ISLAND RO	DAD				
	PLANTATION		FL	33324	_ 	20
6. The name and (if changed):	street address of the new registered	FIGHT AF	2022 HAY 16			
	Registered Agent Solu	itions,	Inc.		25. 25. 25. 25.	
	155 Office Plaza Dr.		Suite A		SEE.	AM 9:
	Tallahassee	O. Box NOT	32301		FLE	: 12
The street addre	ss of its registered office and the st be identical.	treet addre	ess of the bu	siness office of i	ts registere	d agent,
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	opted by i n notified	ts board of d in writing o	irectors or by an f the change.	officer so	
Ist Nicolas Signatur	Vanasse e of an officer or director	Nico	olas Vana	ISSE ad or typed name and ti	Secretar	у
I hereby accept I further agree to of my duties, and document is beir corporation has	the appointment as registered ager o comply with the provisions of all d I am familiar with and accept the 1g filed merely to reflect a change been notified in writing of this cha	it and agr statutes r obligation in the reginage.	ee to act in t elative to the n of my posi istered office	his capacity. e proper and con tion as registere e address, I heret	nplete perfo d agent. O by confirm	ormance or, if this that the
Hode	maindt		5/16/2022			
Sign	attire of Registered Agent			Date		
If signing on beh	•					
	Assistant Secretary					
• '	* * * FILING	G FEE: \$3	5.00 * * *			