Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Ö 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.** Email Address:

REGISTERED AGENT CHANGE RICHARD L. BOWEN AND ASSOCIATES INC.

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COVER LETTER

TO: Amendment Section

Division of Corporations						
RICHARD L. BOWEN AND ASSOCIATE SUBJECT:	S INC.					
Name of Corporation						
DOCUMENT NUMBER: F02000061	11					
The enclosed Statement of Change of Registered Office	e/Agen	t and fee a	re submitted fo	or filing.		
Please return all correspondence concerning this matte	er to the	following	:			
Mary Castillo						
Name of Contact Person						
Registered Agent Solutions, Inc.						
Firm/Company						
1701 Directors Blvd. Suite 300						
Address						
Austin, Texas 78744	<u> </u>					
City/State and Zip Code						
E-mail address: (to be used for future annual repo	rt notif	cation)		_		
For further information concerning this matter, please	call:				>	
Mary Castillo	at (388	705-7274 & Daytime To		:. IÇ	
Name of Contact Person		Area Code	& Daytime To	elephone Nu	mber	_
Enclosed is a \$35.00 check made payable to the Depar	rtment o	f State.			-3 AHH: 00	1 3
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi The C 2415	entre of T	rporations Fallahassee e Street, Suite	# 810	: 00	-14.

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STATEMENT OF CHANGE OF	REGISTERED O	FFICE OR REGISTERED	AGENT OR BOTH
FOR CORPORATIONS			

statement of ch	e provisions of sections 607.0502, 617 ange is submitted for a corporation o der to change its registered office or re	organized under the law	vs of the State o	f Ohio	
i. The name of	f the corporation: RICHARD L. B	OWEN AND AS	SOCIATES	INC.	_
	al office address: 2019 CENTER				_
	AND, OH 44113				_
3. The mailing	address (if different):		.,	<u></u>	
4. Date of inco	address (if different):	Document r	iumber: F020	00006111	
	nd street address of the current registe artment of State: (If resigned, enter re		d office on file	with the	
	CORPORATION SER	RVICE COMP.	ANY		
	1201 HAYS ST				
	TALLAHASSEE,	FL	33324		
6. The name at (if changed)	nd street address of the new registered: Registered Agent Solu		d/or registered	office 2021 1148	
	155 Office Plaza Dr.	Suite A			
	Tallahassee	O. Box NOT acceptable FL 3230:	L		9
The street add as changed wi	ress of its registered office and the s	treet address of the bu	siness office of	f its registered agen	' '
Such change v authorized by	was authorized by resolution duly ad the board, or the corporation has been	opted by its board of c en notified in writing c	lirectors or by a of the change.	an officer so	
Isi Allan l	L. Renzie	Allan L. Ren	zie	President	
Signa I hereby accept further agree of my duties, a document is h	nice of an officer or director of the appointment as registered age to comply with the provisions of al- and I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this cha	nt and agree to act in I statutes relative to th e obligation of mv pos in the registered offic	ed or typed name an this capacity, e proper and c ition as registe e address, I he		re is e
Ha	Jeanzie Nt	01/15/2021			
_ S	ignature of Registered Agent		Date		
If signing on b	behalf of an entity:				
Mackenzie Har	rt, Assistant Secretary				
	Typed or Printed Name				
	* * * FILIN	G FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)