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.

(((H23000109143 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. 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 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.

| F 4 1 | Address: | | | |
|-------|----------|--|--|--|
| | | | | |
| | | | | |

REGISTERED AGENT CHANGE REGISTERED AGENT SOLUTIONS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|-----------------|---|---|
| SUBJI Name (| ECT: REGISTERED AGENT SOLUTIONS. of Corporation | INC. |
| DOCU | JMENT NUMBER: F03000001015 | |
| The en | actosed Statement of Change of Registered | Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this | matter to the following: |
| Mary C | Pastillo | |
| Name | of Contact Person | |
| Registe | ered Agent Solutions, Inc. | |
| Firm/C | Tompany | |
| 5301 S | outhwest Pkwy Suite 400 | |
| Addres | SS | |
| | , Texas 78735 | |
| City/St | tate and Zip Code | |
| | rorozeo@rasi.cc | DIII |
| E-mai | l address: (to be used for future annual | l report notification) |
| For fur | rther information concerning this matter, p | olease call: |
| Mary Castillo | | at (888) 705-7274 Area Code & Daytime Telephone Number |
| | Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclos | sed is a \$35.00 check made payable to the | Department of State. |
| | Mailing Address: Amendment Section | Street Address: |
| | | Amendment Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of che | ange is submitted for a corpo | 502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of California live or registered agent, or both, in the State of Florida. | |
|--|---|---|--------|
| 1. The name of | the comparation. REGISTERI | ED AGENT SOLUTIONS, INC. | |
| 2. The principal | office address: 5301 SOUTH | WEST PARKWAY SUITE 400 AUSTIN, TX 78735 | - - |
| 3. The mailing : | address (if different): | | - |
| 4. Date of incor | poration/qualification: 02/28 | /2003 Document number: F03000001015 | _ |
| | d street address of the current rtment of State: (If resigned, | registered agent and registered office on file with the enter resigned) | |
| | FLORIDA FILING & RESE | ARCH SERVICES, INC. | |
| 155 OFFICE PLAZA DR. SUITE A | | | |
| | TALLAHASSEE, FL 32301 | 2023 HAR 2 | |
| 6. The name and (if changed): | gistered agent (it changed) and /or registered office | 3371 | |
| | Deposition Solutions, LLC | | |
| | 2894 Remington Green Lane | · | |
| | W. H. A | P.O. Box. NOT acceptable | |
| | Tallahassee, FL 32308 | | |
| The street address changed will | ess of its registered office ar I be identical. | nd the street address of the business office of its registered agent | ι. |
| Such change wa authorized by the | as authorized by resolution on the board, or the corporation | duly adopted by its board of directors or by an officer so has been notified in writing of the change. | |
| tst Ricardo Orozco | | Ricardo Orozco, Vice President | |
| I hereby accept I further agree of my duties, a document is ber | to comply with the provision ad Lam familiar with and ac | Printed of typed name and title red agent and agree to act in this capacity. sept the obligation of my position as registered agent. Or, if the change in the registered office address. I hereby confirm that the this change. | î.c |
| Mar | erichio | 03/21/2023 | |
| Sig | natur Registered Agent | Date | |
| If signing on be | chalf of an entity: | | |
| | er. Assistant Secretary | | |
| t. | Vped of Printed Name | | |

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