Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone 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 HRST, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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Help



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TO: Amendment Section Division of Corporations

SUBJECT: HRST, Inc.

Name of Corporation

DOCUMENT NUMBER: F0300002877

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

1701 Directors Blvd, Ste 300

Addres

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

.,888

705-7274

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nge is submitted for a ce	rporation orga	102, 607.1508, or 617.1508, F Inized under the laws of the St	ate of Minnes	ota		
	the corporation: HRST		stered agent, or both, in the St	ше ој г югша			
The maine or i	office address: 6557 (CITY WEST	PKWY				_
	RAIRIE,		55344				
							_
4. Date of incorp	poration/qualification:	06/04/2003	Document number: F	03000002	877		
	I street address of the cu tment of State: (If resign	-	agent and registered office or ned)	n file with the			
	CORPORATION SERVICE COMPANY					===	
1201 HAYS STREET						LUL KUL	~
	TALLAHASSEE,	FL 32301				25	
6. The name and (if changed):	i street address of the ne	ent (if changed) and /or regist	ered office		AH 7:	Ĭ	
	Registered Agen	t Solutions.	Inc.		5.13	30	
	155 Office Plaza	Dr., Suite	Α				
	Tallahassee, FL)'Т ассер іл bl e				
The street addre	ess of its registered office be identical.	e and the stree	t address of the business offi	ce of its regist	tered agei	nt,	
			ed by its board of directors or otified in writing of the chan				
	Ж.Киббу		Andrew M. Kubly	CF	o	_	
I hereby accept I further agree to performance of agent. Or, if the	to comply with the prov my duties, and I am fan is document is being file	isions of all sta niliar with and ed merely to re	Printed or typed that and agree to act in this capaci tutes relative to the proper a accept the obligation of my p flect a change in the registers in writing of this change. 06/15/2018	ity. nd complete position as reg	gistered ess, I		
Sign	nature of Registered Agent		Date			-	
If signing on be	half of an entity:						
	ell - Assistant Se	cretary					
T	sped or Printed Name						

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