To:

Division of Corporations Electronic Filing Cover Sheet

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(((H220003109123)))



H220003109123ABCU

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Division of Corporations

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011

Phone : (844)386-0178

Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

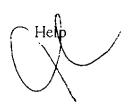
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REGISTERED AGENT CHANGE BOCK & CLARK CORPORATION

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Corporate Filing Menu



(((H22000310912 3)))

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

statement of cha	inge is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Stat ganized under the laws of the State of DE vistered agent, or both, in the State of Flor		ils	_
	the corporation: Bock & Clark Corpora office address: 3550 West Market Street				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/30/2004	Document number: F050000000	95		
	I street address of the current registere tment of State: (If resigned, enter resigned,	d agent and registered office on file with t			
	CORPORATION SERVICE COMPAN	NY	<u>r</u>	<u></u>	
	1201 HAYS STREET			797 SI	1.0
	TALLASHASSEE, FL 32301		· . !	1007 SFP -9	il I
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered office		H 8:	
	LEGALINC CORPORATE SERVICE	S INC.	므됬		
	5237 SUMMERLIN COMMONS BLVD, SUITE 400				
	P.O. FORT MYERS, FL, 33907	Box NOT acceptable			
The street addre as changed will	ess of its registered office and the stro be identical.	eet address of the business office of its re	gistere	d age	:nt,
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	sted by its board of directors or by an off notified in writing of the change.	icer so		
	045	Richard Tong, VP			
-	re of an officer or director	Frunted or typed name and title			_
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s id I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and comple obligation of my position as registered a the registered office address, I hereby o ge.	ete perfe gent. C	îorma)r, if . that	nce this the
ali	. For	9/8/2022			
Sig	nature of Registered Agent	Date			_
If signing on bo	half of an entity:				
Erik Treutlein					
Ţ	yped or Printed Name				
	* * * FILING	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)