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.

(((H22000208225 3)))



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To:

Division of Corporations

Email Address:

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.**

REGISTERED AGENT CHANGE WEBXL SYSTEMS, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WEBXL SYSTEMS, INC.
Name of Corporation
DOCUMENT NUMBER: F06000000067
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:
Joshua Murphy
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:
Joshua Murphy at (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation of	organized u	nder the la	ws of the State of	New Jersey	
	r to change its registered office or r		_	in, in the State of .	r Iorida.	
l. The name of t	the corporation: WEBXL SYST office address: 110 ALLEN R	OAD B	ASKING	RIDGE, N.	J 07920	
z. The principal	office address.					
_	ddress (if different):					_
4. Date of incorporation/qualification: 1/4/2006 Document number: F06000000067						
	I street address of the current registe timent of State: (If resigned, enter re	-	nd registere	ed office on file w	rith the	
	BLUMBERGEXCELSIOR C	ORPOR	ATE SER	VICES, INC.	_	
	155 OFFICE PLAZA DRIVE	• • • • • • • • • • • • • • • • • • • •	1ST	FLOOR	202 St	
	TALLAHASSEE		FL	32301	2022 JUN 15 SECRETARY TALLAHA	-
6. The name and (if changed):	d street address of the new registered			d /or registered of	SSS ==	
	Registered Agent Solu				9: 38 EE, FL	
	155 Office Plaza Dr.		Suite A		- LE 8	
	Tallahassee	FL	3230	1	_	
The street addre	ess of its registered office and the s be identical.	treet addre	ss of the bu	isiness office of i	ts registered agent,	
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has bee	opted by it en notified	s board of o	directors or by ar of the change.	officer so	
s Sam M	Murphy	Sam	Murphy	/ led or typed name and	Authorized Pers	son
l hereby accept I further agree to of my duties, an document is bei	the appointment as registered age to comply with the provisions of al- d I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch	in the regi. ange.	ee to act in elative to the of my pos stered offic	this capacity, the proper and con sition as registere se address, I here	mplete performance ed agent. Or, if this	?
	nature of Registered Agent	06	/15/2022	Date		
_	half of an entity:					
Mackenzie Hart,	Assistant Secretary					
T	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)