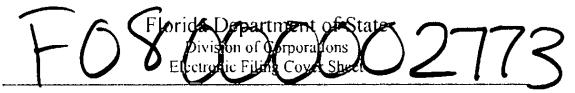
11/11/22, 9:47 AM

Division of Corporations



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Division of Corporations

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: (850)617-6380

From:

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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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## REGISTERED AGENT CHANGE SAFEMARK INC.

Certificate of Status	0
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A. BUTLER

Help NOV 16 2022 To:

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

statement of change is subm	itted for a corporation organ	02,607.1508, or $617.1508$ , Florida $S$ sized under the lows of the State of $S$ ered agent, or both, in the State of $S$	Delaware
1. The name of the corporat	ion: Safemark Inc.		
2. The principal office addre	200 West Sand Lake Road	d, Suite #800, ORLANDO. FL 32809	
3. The mailing address (if d	flerent):		
4. Date of incorporation/qualification: 06/20/2008 Document number: F08000002773			
	ess of the current registered a ate: (If resigned, enterresigne	igent and registered office on file wi	th the
CORPORA	TION SERVICE COMPANY		
1201 HAY	STREET		
TALLAHA	SSEE, FL 32301-2525		
6. The name and street addr (ifchanged):	ess of the new registered age	nt (if changed) and /or registered off	2022 NOV 14
C T Corpo	ration System		9
1200 South	Pine Island Road		<del></del>
P.O. Box NOT acceptable			148 星
Plantation.	Florida 33324	<del>-</del> .	6 6 5 5 5
The street address of its regas changed will be identical	gistered office and the street I.	address of the business office of its	s registered agent,
Such change was authorize authorized by the board, or	d by resolution duly adopted the corporation has been no	d by its board of directors or by an diffied in writing of the change.	officer so
Bryan Bu	1	Bryan Busby	
Signalfire of an officer		Printed or typed name and til	
I hereby accept the appoint I further agree to comply w of my duties, and I am fami document is being filed me corporation has been notified. T Corporation System	ment as registered agent an ith the provisions of all stat liar with and accept the obl rely to reflect a change in th ied in writing of this change.	d agree to act in this capacity. utes relative to the proper and com igation of my position as registered e registered office address, I hereb	plete performance I agent. Or, if this sy confirm that the
	m	November 4, 2022	
Signature of Regist	ered Agent	Dute	
If signing on behalf of an e	ntity:		
Jennifer Mineer / Assistant So	cretary		
Typed or Printed	Nume		

\* \* \* 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)

By: