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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Addr	ess:		

## REGISTERED AGENT CHANGE SUTHERLAND DIGITAL SERVICES, INC.

	أفراها فتراح الأناف المحمد فاستحدده والمستحدد والمستحدد والمستحد المستحدد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحدد والمستحد والمستحدد والمستحدد والمستحد والمستحدد والمستحد
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		0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delawate	
in ord	er to change its registered office or reg	gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: Sutherland Digital Ser	vices Inc.	
	office address: 631 E BIG BEAVER R		
	address (if different):		
4. Date of incor	poration/qualification: 01/27/2009	Document number: F09000000339	
	d street address of the current registers rtment of State: (If resigned, enterresigned)	ed agent and registered office on file with the gned)	202
	NATIONAL REGISTERED AGENTS	CINC.	2024 JUL
	1200 S PINE ISLAND RD		L 23
	PLANTATION, FL 33324	,	,52° 1211
6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged):			8H11:51
	C T Corporation System		
	1200 South Pine Island Road		
		Box NOT acceptable	
	Plantation, Florida 33324	<del>-</del>	
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registered a	igent,
Such change wa authorized by the	as authorized by resolution duly adoptic board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.	
Doug	elias Gilbert	Douglass Gilbert, President	
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s	tatutes relative to the proper and complete perform obligation of my position as registered agent. Or othe registered office address. Thereby confirm the	nance if this at the
C T Corporation	System C. P. James	07/17/2024	
Sig	S, Cham 4	Date	
If signing on be	chalf of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
ï	yped or Printed Name		
	* * * EILING	PPP, 614 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: