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(Re	questor's Name)	
	,	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE OF

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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	CHANGE OF RA	
	SLINGSHOT DIRECT SA		
((CORPORATE NAME AND DOCUM	MENT#)	
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(CORPORATE NAME AND DOCUM	MENT#)	
-(1	CORPORATE NAME AND DOCUM	MENT#)	
		MENT #)	

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

•	•	517.0502, 607.1508, or 617.1508, Florida Statutes, t in organized under the laws of the State of <u>AL</u>	his
in orde	r to change its registered office or	r registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: SLINGSHOT DIR	ECT SALES, INC.	
2. The principal	office address: 202 Government St	. Mobile, AL 36602	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: $\frac{05/04/2011}{}$	Document number: F11000001920	
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM	(PANY	ب
		SECT VISIO	
	TALLAHASSEE, FL 32301		VISION ARTON
6. The name and (if changed):	i street address of the new register	red agent (if changed) and /or registered office	17 MH II: 00
	Telos Legal Corp.		H: 0
	155 Office Plaza Dr		0 0 7
		P.O. Box NOT acceptable	
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the be identical.	street address of the business office of its register	ed agent,
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.)
Srad	Cuptrod	Brad Custred, President	
•	re of an officer or director	Printed or typed name and title	 ,
l further agrée of my duties, an document is bei corporation has	to comply with the provisions of a d I am familiar with and accept in g filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete per the obligation of my position as registered agent. ge in the registered office address, I hereby confirm change.	Or. if this
	Sipacochilorist)	9/16/2025	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Susan Boadway		_	
T	yped or Printed Name		

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