

F110000002382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 JUN -6 PM 4:52

cf 8/24/2022

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Registered Agents Inc

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F11000002382

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Legal Team

\_\_\_\_\_  
Name of Contact Person

Registered Agents Inc

\_\_\_\_\_  
Firm/Company

781 S Clearwater Loop

\_\_\_\_\_  
Address

Post Falls, ID 83854

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew C

208

618-2758

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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



# Wyoming Secretary of State

Edward A. Buchanan  
Secretary of State

Karen L. Wheeler  
Deputy Secretary of State

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Registered Agents Inc  
30 N Gould St Ste R  
Sheridan, WY 82801

May 26, 2022

Dear Sir/Ma'am,

Unfortunately, due to a clerical error inputting data into our database on September 13, 2010, the formation for Registered Agents Inc was keyed as "Registered Agents Inc." instead of "Registered Agents Inc" specifically without the period after Inc. The information provided on the formation document did not match the information keyed into the Wyoming Secretary of State's database. When the error was discovered by this office, it was administratively corrected to reflect the correct information as it should have always appeared: Registered Agents Inc

It is our hope that this letter will suffice as proof of administrative correction.

Sincerely,

A handwritten signature in black ink, appearing to read "Jordyn Gray". The signature is fluid and cursive, with the first name "Jordyn" being more prominent than the last name "Gray".

Jordyn Gray  
Assistant Director, Business Division  
Wyoming Secretary of State  
122 W 25<sup>th</sup> St Ste 101  
Cheyenne, WY 82002

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

2022 JUL -6 PM 4: 52

F11000002382

(Document number of corporation (if known))

1. Registered Agents Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Wyoming

(Incorporated under laws of)

3. 06/07/2011

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 09/13/2010 (Period was mistakenly added to name after formation)

5. Registered Agents Inc (removing the period after "Inc")

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |

Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

JM Spear

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35.00**

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Registered Agents Inc**

is a


**Profit Corporation**

formed or qualified under the laws of Wyoming did on **September 13, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000589711**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of May, 2022 at 1:54 PM. This certificate is assigned ID Number 052209117.



  
Secretary of State