F110000005028

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900390190639

2022 JUL 28 AM 10: 56

1922 JUL 28 AMTI: 08

A. BUTLER JUL 29 2022

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: INROADS, INC.	
Name of Corporation	
DOCUMENT NUMBER: F11000005028	<u> </u>
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Name of Contact Person	
Firm/Company	
Address	
City/State and Zip Code	 _
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
	at (
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508. Florida Statutes, to on organized under the laws of the State of <mark>Illinois</mark> or registered agent, or both, in the State of Florida.	his ———
	he corporation: INROADS, INC.	. ,	
		ADWAY ST. LOUIS, FL 63102	
3. The mailing a	ddress (it'different):		····
4. Date of incorp	poration/qualification: 12/14/201	Document number: F11000005028	
	I street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	Forest Harper	<u>.22</u>	207
	1201 Hays Street	1000 1000 1000 1000 1000 1000 1000 100	1022 JUL 28
	Tallahassee, FL 32301		. 28
6. The name and (if changed):	l street address of the new registe	ered agent (if changed) and /or registered officend	AM 10: 57
	C T Corporation System		57
	1200 South Pine Island Road		
	Plantation, Florida 33324	PO Box NOT acceptable	
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its register	ed agent.
		adopted by its board of directors or by an officer so been notified in writing of the change.	
(رسال	dyan Gir	Forest Harper, Jr, President	
Signato	re of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is bei	o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	igent and agree to act in this capacity. All statutes relative to the proper and complete per the obligation of my position as registered agent, age in the registered office address, I hereby continu change.	formance Or, if this n that the
C 1 Corporation	asystem deflas	7/27/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Westcott,	Assistant Secretary		
	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)

By: