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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	:		

REGISTERED AGENT CHANGE RADCO MANAGEMENT, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Radco Management Inc.
Name of Corporation

POCUMENT NUMBER: F12000000993

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

÷.%

Please return all correspondence concerning this matter to the following:

Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd. Suite 300
Address
Austin, Texas 78744
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo at (888) 705-7274
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida State attion organized under the laws of the State of $\frac{Ge}{G}$	orgia			
		e or registered agent, or both, in the State of Flori	da.			
	he corporation: Radco M		<u></u>			
2. The principal	office address: 400 GAL	LERIA PARKWAY, SUITE 12	00			
ATLANT	ΓA, GA 30339					
	ddress (if different):					
4. Date of incorp	poration/qualification: $3/5/2$	2012 Document number: F12000	000993			
	I street address of the current r tment of State: (If resigned, er	egistered agent and registered office on file with the ter resigned)	ne			
	C T CORPORA	ATION SYSTEM				
	1200 SOUTH PINE ISL	AND ROAD				
	PLANTATION	FL 33324	2020 SEC FALL			
PLANTATION FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.						
	155 Office Plaz	a Dr. Suite A	E08 ₩18			
	Tallahassee	P.O. Box NOT acceptable FL 32301	10 12 17			
The street addre as changed will	ess of its registered office and be identical.	the street address of the business office of its re	gistered agent,			
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	ally adopted by its board of directors or by an offi as been notified in writing of the change.	cet so			
Isl Norman			EO			
-	w of an other or drowwr the appointment as registere to comply with the provisions d I am familiar with and acco ng filed merely to reflect a ch been notified in writing of th	Printed or types name and title d agent and agree to act in this capacity, of all statutes relative to the proper and comple ept the obligation of my position as registered ag ange in the registered office address, I hereby co is change.	te performance ent. Or, if this onfirm that the			
Hode	anziett	05/08/2020				
Sign	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Mackenzie Hart,	Assistant Secretary					
T	yped or Printed Name					
	***	ILING FEE: \$35.00 * * *				