To: Page 2 of 3

10/18/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H19000309940 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)288-8845

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 **HS2 SOLUTIONS, INC.**

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Corporate Filing Menu

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2 OF 2, DO NOT REJECT. FILE SECOND WITH H19000309938 3 FIRST

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

Pursuant to the provisions of sections 607,0502, 61 statement of change is submitted for a corporation in order to change its registered office or r	organized under the laws of the S	iate of Delaware
		кае ој Ръмца,
The name of the corporation.	swood Avenue, #101, Chicago, !	1. 60613
2. The principal office address.		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 04/30/201	2Document number:	F12000001852
 The name and street address of the current register Florida Department of State: (If resigned, enter re 	ared agent and registered office of signed)	n file with the
INCORP SERVICES, INC.		5 5
17888 67th Ct North		The state of the s
Loxabatchee, FL 33470		
The name and street address of the new registered (if changed):	l agent (if changed) and for regist	ered office
C T Corporation System		ني ري
1200 South Pine Island Road		4.
Plantation, Ft. 33324	NOT acceptable	
The street address of its registered office and the stas changed will be identical.	treet address of the business offi	ce of its registered agent;
Such change was authorized by resolution duly add authorized by the board, or the corporation has bee	opted by its board of directors or minotified in writing of the chan	by an officer so
Signature pl ap oblicer or director	Jett Win	ic and title
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	nt and agree to act in this capaci statutes relative to the proper a ind accept the obligation of my p reflect a change in the register ied in writing of this change.	ty. nd complete vosition as:registered ed office address, I
my you	10/18/2019	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Michael E. Jones, Assistant Secretary		
Typed or Printed Name	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)