F12000004507

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 348030 8363531			
AUTHORIZATION: Sprewdenan			
COST LIMIT : \$.3500			
ORDER DATE : December 23, 2021			
ORDER TIME : 2:37 PM			
ORDER NO. : 348030-008			
CUSTOMER NO: 8363531			
CHANGE OF AGENT			
NAME: COOPERCRAFT COMMUNICATIONS, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland			

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of GA ce or registered agent, or both, in the State of Florida.
		AFT COMMUNICATIONS, INC.
	D TIFTON, GA 31794	
3. The mailing a	ddress (if different): P O BO	(2469 TIFTON, GA 31793
		/2012 Document number: F12000004507
5. The name and		registered agent and registered office on file with the
	INCORP SERVICES, INC.	
	17888 67TH COURT NOR	тн
	LOXAHATCHEE, FL 33470	
6. The name and (if changed):	I street address of the new reg	istered agent (if changed) and /or registered office
	Corporation Service Compa	any
	1201 Hays Street	any
		P.O. Box NOT acceptable
	Tallahassee	FL 32301 (1)
The street addre as changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent.
Such change wa authorized by th	is authorized by resolution d ne board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
Xie	α	Jill Cilmi, Vice President
I hereby occept I further agree to of my duties, an document is beil corporation has	the appointment as registere to comply with the provisions d I am familiar with and acc ng filed merely to reflect a cl been notified in writing of to Service Company	Pfinted or typed name and talle and agent and agree to act in this capacity. s of all statutes relative to the proper and complete performanc ept the obligation of my position as registered agent. Or, if this hange in the registered office address. I hereby confirm that the his change.
By: X) no	co Tokuble	12/27/2021
-	half of an entity:	Date
	<u>-</u>	
	Asst. Vice President uped or Printed Name	
·		

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