F13000004454

(Re	questor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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2021 AUG 25 AM 11: 44

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 969072 8107527					
AUTHORIZATION: Spelle man					
COST LIMIT : \$ 35.00					
ORDER DATE : August 19, 2021					
ORDER TIME : 11:07 AM					
ORDER NO. : 969072-102					
CUSTOMER NO: 8107527					
CHANGE OF AGENT					
NAME: S2 GLOBAL, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0 unge is submitted for a corporation org er to change its registered office or regi	anized under the la	ws of the Sta	te of DE	Ius
	the corporation: S2 GLOBAL, INC.	stered ugent. Or took	n, in me situ	e oj 1 toriau.	
12525 Chadror	n Avenue Hawthorne, CA 90250				
3. The mailing a	nddress (if different):		<u>.</u>		
4. Date of incorp	poration/qualification: 10/14/2013	Document	number: <u>F1</u>	3000004454	
	d street address of the current registered the transfer of State: (If resigned, enter resigned)		ed office on f	ile with the	
	CT CORPORATION SYSTEM				
	1200 S PINE ISLAND RD #250				
	PLANTATION, FL 33324				
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and	d /or register	ed office	1 }
	1201 Hays Street			ARN ARN	
	Tallahassee	Box NOT acceptable	32301	of ST	
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the bu	siness office	of its pegister	ɔ & d agent.
Such change was authorized by the	is authorized by resolution duly adopt the loard, or the corporation has been r	ed by its board of d notified in writing o	lirectors or b of the change	y an officer so	,
	Jul E. almi	Jill Cilmi, Vice P	resident		
i juriner agree i of my duties, an document is bei corporation has	the appointment as registered agent a comply with the provisions of all stated and accept the old filed merely to reflect a change in the bean notified in writing of this change in Service Company	and agree to act in intutes relative to the bligation of my post he registered office	ed or typed name this capacity e proper and ition as regis e address, 1)	,	formance Or, if this that the
By: Dr	nature of Registered Agent	08/24/2021	Date		
lf signing on bel	half of an entity:				
	Asst. Vice President ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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