## F13 00000 4588

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

Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive Wilmington: De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Brionna Henry brionna.henry@cscglobal.com

Date: June 18, 2021

Order#: 861689-004

Re: PEACHTREE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Brionna Henry c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	mized under the laws of the State	of GA
	the corporation: PEACHTREE SERVICE		oj rioriaa.
	office address: 3231 Cypress Mill Road		
	address (if different):		
4. Date of incorporation/qualification: 10/22/2013 Document number: F13000004588			000004588
5. The name and Florida Depa	d street address of the current registered rument of State: (If resigned, enter resign	agent and registered office on file (ed)	e with the
	Peachtree Services Inc.		
	1351 Airport Road Suite P		<del></del>
	Jacksonville	FL 32218	60.
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered	ECULTARY IN TO SECULATION OF THE PARTY AND T
	Corporation Service Company		187 187 187 187 187 187 187 187 187 187
	1201 Hays Street		
	P.O. Bo	ox NOT acceptable	- is 6
	Tallahassee	FL 32301	52
The street addre	ess of its registered office and the street be identical.	address of the business office of	of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by otified in writing of the change.	an officer so
Xu & Comi		Jill Cilmi, Vice President	
( ) -	re of an officer or director	Printed or typed name ar	nd title
of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change Service Company	ules relative to the proper and c igation of my position as registe in registered office address. The	complete performance ered agent. Or, if this ereby confirm that the
By: Drace ?		June 16, 2021	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
Ty	yped or Printed Name		
	* * * FILING FE	EE: \$35.00 * * *	

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