florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

Email Address:	
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19 July - 3 Filt 4: 45

REGISTERED AGENT CHANGE CHRIMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUL 05 2019

M. SOLOMON

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes nge is submitted for a corporation organized under the laws of the State of Cambrida r to change its registered office or registered agent, or both, in the State of Florida.		
	he corporation: CHRIMS, Inc.		
	office address: 7950 DUBLIN BLVD., SUITE 216		
DUBLIN, CA	94568		•
3. The mailing a	ddress (if different): 7950 DUBLIN BLVD., SUITE 216		
DUBLIN, CA			
4. Date of incorp	poration/qualification: 04/04/2014 Document number: F14000001500		
5. The name and Florida Depar	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	UNITED STATES CORPORATION AGENTS, INC.	≫ os	2719
	13302 WINDING OAK COURT SUITE A		اكالا
	TAMPA, FL 33612	1/2/200 EM TS	ယ်
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	DE 1875年	AH 10: 40
	Northwest Registered Agent LLC		0
	7901 4th St N STE 300		
	P.O. Box NOT acceptable St. Petersburg FL 33702		
as changed Will	ess of its registered office and the street address of the business office of its regis		ent,
Such change wa authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.	30	
Mark	Thurman Mark Thurman Printed or typed name and title		_
I hereby accept	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as re his document is being filed merely to reflect a change in the registered office addition that the corporation has been notified in writing of this change.	gistered Fess, I	
lon	Glove 6-3-2019		
	chalf of an entity:		
.			
Tom Glove	Typed or Printed Name		
	* * * FILING 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)