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REPLOCIZE PH 3:36

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95		
	REFERENCE	:	156855	7351048		
	AUTHORIZATION	:	Lorello De	eman		
	COST LIMIT	:	\$ 35.00			
ORDER DATE : Oc						
ORDER TIME : 1	:55 PM					
ORDER NO. : 15	6855-005					
CUSTOMER NO:	7351048					
	-		. 	- 		
CHANGE OF AGENT						
NAME:	ROADIE, INC.					
PLEASE RETURN TH	E FOLLOWING AS	PRO	OF OF FILIN	NG:		
CERTIFIE XX PLAIN ST						
CONTACT PERSON:	Alexxis Weilar	nd				

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted fo	ns 607.0502, 617.050. r a corporation organ. stered office or registe	ized under the law	s of the Sta	nte of DE	
1. The name of	the corporation: RO	ADIE, INC.		·		
	office address:	Atlanta		GA	U.S.A	30328
3. The mailing a	address (if different)):				
4. Date of incor	poration/qualification	on: 06/17/2014	Document n	umber: F1	40000026	24
5. The name and	d street address of th	ne current registered as resigned, enter resigne	-	d office on	file with the	
	Gorlin, Steve					£*; 2021 OCT
	1234 AIRPORT F	RD STE 105				0CT 2
	DESTIN		FL	32541		2
6. The name and (if changed):	d street address of the	ne new registered agen ice Company	n (if changed) and	/or registe	red office	AH & 38
	1201 Hays Street	t				
		P.O. Box	NOT acceptable			
	Tallahassee		FL	32301		
The street addreas changed will	ess of its registered be identical.	office and the street a	address of the bus	siness offic	e of its reg	istered agent
Such change wa authorized by th	as authorized by re-	solution duly adopted	by its board of d	irectors or f the chang	by an offic e.	er so
	Ryan C. Swil	4	Ryan C Swift		As:	sistant Secretar
Signatu	re		Printe	d or typed nam	ie and title	
I further agree . of my duties, an document is bei corporation has	to comply with the nd I am familiar wii ing filed merely to i	s registered agent and provisions of all statu in and accept the obli- reflect a change in the criting of this change. pany	l agree to act in t tes relative to the gation of my posi registered office	his capacit proper an tion as reg address, I	y. d completo istered age hereby co.	e performanc ent. Or, if thi nfirm that the
By: I) M	mature of Registered Ager	1.	10/21/202	Date		
If signing on be	half of an entity:	`				
	Asst. Vice Presiden	ıt				
.1.	yped or Printed Name					
		* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)