

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000310980 3)))



H200003109803ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

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

Email Address: _____

**REGISTERED AGENT CHANGE
INSPIRATA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

REGISTERED AGENT
DIVISION OF CORPORATIONS
ALL INFORMATION
FLORIDA

2020 SEP -8 AM 11:51

FILED

SEP 09 2020

S. YOUNG

(((H20000310980 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of **DELAWARE** in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **INSPIRATA, INC.**
2. The principal office address: **1 N. DALE MABRY HWY SUITE 600, TAMPA, FL 33609.**
3. The mailing address (if different):
4. Date of incorporation/qualification: **10/15/2014** Document number: **F14000004479**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CAPITOL CORPORATE SERVICES, INC.**1 N. DALE MABRY HWY, SUITE 600****TAMPA****FL****33609**

City

State

Zip Code

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.**515 East Park Avenue 2nd Fl**

Street Address

P.O. Box, NOT acceptable

Tallahassee**FL****32301**

City

State

Zip Code

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
 (Signature of an officer or director)

Mike Gillen CEO
 Printed or Typed Name and Title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby certify that the corporation has been notified in writing of this change.

[Signature]
 Signature of Registered Agent

9/1/2020

Date

If signing on behalf of an entity:

Lucynda Wood, Assistant Secretary

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
 CR2ED45 (03/12)

(((H20000310980 3)))

FILED

2020 SEP -8 AM 11:51

DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32314