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To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6380	
From:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
	Account Number	: I20100000062	, ~ ~»
	Phone	: (888)705-7274	
	Fax Number	: (888)706-7274	2022 AUG
		s for this business entity to be used for fut ings. Enter only one email address please.**;	
anr	ual report mail	ings, enter only one email address please. ** ,	
Ema	il Address:	į	
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	DECI	STERED AGENT CHANGE	

COMPUDESIGNS OF GEORGIA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. BUTLER

AUG - 4 2022

COVER LETTER

TO:

Amendment Section Division of Corporations

DOCUMENT NUMBER: F1500000532 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for file
Please return all correspondence concerning this matter to the following:
Joshua Murphy
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code

Joshua Murphy	at (_888	` }	705-7274
Name of Contact Person	Ar	ea Code &	Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.050	nized under the la	aws of the State of	Georgia			
	r to change its registered office or registered of the corporation:			^e lorida.			
l. The name of t	he corporation: COIVIT ODE STORE	S OF GLORY	COSSES CITALIA				
	office address: Bruce H. GaynesKitcher	ns Kelley Gaynes,	PC5555 Glenridge (Jonnector, Ste 800			
	A, GA 30342						
	ddress (if different): CompuDesigns, In-		iter Pl Boynton Be	ach, FL 33437-542	9		
4. Date of incorp	poration/qualification: 2/9/2015	Document	number: <u>F1500</u>	0000532	-		
	I street address of the current registered a timent of State: (If resigned, enter resign		red office on file w	ith the			
	BLUMBERG EXCELSIOR COF	RPORATE SE	RVICES, INC				
	155 OFFICE PLAZA DRIVE, 1ST FLOOR						
	TALLAHASSEE	FL	32301	2022 AUG SEGNETA	Ure:		
6. The name and (if changed):	TICE OF PM						
	155 Office Plaza Dr.	Suite A		3: 46 STATE	-		
		NOT acceptable L 3230)1	-			
The street addre	ess of its registered office and the street be identical.	address of the b	ousiness office of i	ts registered agent,			
Such change wa authorized by th	as authorized by resolution duly adopte the board, or the corporation has been no	d by its board of otified in writing	directors or by an of the change.	officer so			
⊌ Bruce	e H. Gaynes	Bruce H. G	aynes	Authorized Pers	son		
Signatui	re of an officer or director	Рп	nted or typed name and t				
	the appointment as registered agent ar to comply with the provisions of all stat d I am familiar with and accept the ob- ng filed merely to reflect a change in the been notified in writing of this change	nd agree to act in tutes relative to t ligation of my po he registered offi :	n this capacity, the proper and con ssition as registere ce address, I here	nplete performance d agent. Or, if this by confirm that the	,		
Hockey	ziolit	8/01/2022					
Sign	nature of Registered Agent		Date	-			
If signing on bel	half of an entity:						
Mackenzie Hart,	Assistant Secretary						
Ту	yped or Printed Name						
	* * * FILING F	EE: \$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)