Division of Corporations

Page 1 of 2



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.

(((H20000087743 3)))



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

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number

: (702)866-2689

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

scoments Pincorp. com

REGISTERED AGENT CHANGE INFORMATION FIRST, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

H20000087743 3

COVER LETTER

Division of Corporations	
SUBJECT: Information First, Inc. Name of Corporation	
DOCUMENT NUMBER: F15000000930	
The enclosed Statement of Change of Registered Office	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Joanna Fernandez	
Name of Contact Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Pkwy., Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	·
Documents@incorp.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	all:
Joanna Fernandez for InCorp Services, Inc.	at (702) 866-2500
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departr	ment of State.
Mailing Address: Amendment Section	. Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

CR2E045 (04/13)

P.O. Box 6327 Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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 Stat unge is submitted for a corporation organized under the laws of the State of	<u>VA</u>
in orde	er to change its registered office or registered agent, or both, in the State of Flor	ida.
1. The name of	the corporation: Information First, Inc.	
	office address: 8605 Lenfant Place, Manassas, VA 20112	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 03/05/2015 Document number: F15	5000000930
5. The name and Florida Depar	I street address of the current registered agent and registered office on file with trunent of State: (If resigned, enter resigned)	he
	NRAI SERVICES, INC	2020 SE
	1200 South Pine Island Road	2020 MAR 19 SECRCTAR TALLAHASS
	Plantation, FL 33324	19 Añ)
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	AM 10: 24 OF STATE EE.FLORIO
	InCorp Services, Inc.	24 26/
	17888 67th Court North	
	P.O Box NOT ecceptable Loxahatchee, FL 33470	·
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	gistered agent,
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an off se board, or the corporation has been notified in writing of the change.	icer so
₩ 0.	John C. Lontos, President	
	e of an officer or director Printed or typed name and title	
I hereby accept I further agree t of my duties, on document is beil corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comple d.l. am familiar with and accept the obligation of my position as registered as filed merely to reflect a change in the registered office address, I hereby complete in writing of this change.	te performance zont. Or, if this onfirm that the
JEINNM Sigi	March 17, 2020 parts of Registered Agenti Date	
If signing on bel	half of an entity:	
Joanna Fernan	dez on behalf of InCorp Services, Inc.	
Ту	ped 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 (04/13)