F15 000001725

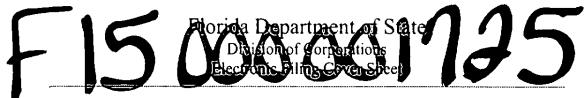## Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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

From:
        Account Name   : REGISTERED AGENT SOLUTIONS INC
        Account Number : I20100000062
        Phone          : (888)705-7274
        Fax Number     : (888)706-7274
```

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
RECOLLECT SYSTEMS INC.

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

Electronic Filing Menu   Corporate Filing Menu   Help

COVER LETTER

TO: Amendment Section
       Division of Corporations

SUBJECT: # RECOLLECT SYSTEMS INC.
Name of Corporation

DOCUMENT NUMBER: # F15000001725

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:

Mary Castillo
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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo   at (888   ) 705-7274
Name of Contact Person   Area 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

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 OC _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: **RECOLLECT SYSTEMS INC.**

2. The principal office address: **3381 CAMBIE ST SUITE 528 VANCOUVER, BC V5Z R43 CA**

3. The mailing address (if different): **16525 SW 72ND AVE PORTLAND, OR 97224**

4. Date of incorporation/qualification: **4/23/2015**   Document number: **F15000001725**

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)

   INCORP SERVICES, INC.

   3458 LAKESHORE DRIVE

   TALLAHASSEE   FL   32312

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

   Registered Agent Solutions, Inc.

   2894 Remington Green Ln. Ste. A

   P.O. Box NOT acceptable

   Tallahassee   FL   **32308**

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.

/s/ *Tim Dahltorp*   Tim Dahltorp   CFO
_____   _____
Signature of an officer or director   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 confirm that the corporation has been notified in writing of this change.

Mackzy Hbl   04/10/2024
_____   _____
Signature of Registered Agent   Date

If signing on behalf of an entity:

Mackenzie Hibler, 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
CR2E045 (04/13)