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.

**Electronic Filing Cover Sheet** 

(((H220004070093)))



H220004070093ABCY

**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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

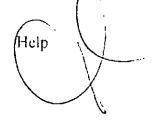
Email Address:\_\_\_\_\_

## REGISTERED AGENT CHANGE HESPEROS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



Ву:

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

statement of cha	nge is submitted for a corporat	2, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ion organized under the laws of the State of Delawate or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Hesperos, Inc.		
	office address:Pkwy Suite 100 ORLANDO, FL	32826	
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 07/21/20	Document number: F15000003160	
	d street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	~3
	HICKMAN, JAMES		027
	12501 Research Pkwy Suite 100	)	2021 DEC
	ORLANDO, FL 32826		-2
6. The name and (if changed):	I street address of the new regis	tered agent (if changed) and /or registered office	AH 9: 19
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and ( be identical.	the street address of the business office of its registered a	agent,
Such change wa	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an officer so sbeen notified in writing of the change.	
C	MUNITALY CALLED CONTROL CONTROL	Christine Kelm, Assistant Secretary	
Signant	re of an officer or director	Printed or typed name and title	
l furthër agrée . of my duties, an document is hei	to comply with the provisions of all am familiar with and accepting filed merely to reflect a chast been notified in writing of this System	agent and agree to act in this capacity, of all statutes relative to the proper and complete perform the obligation of my position as registered agent. Or, ange in the registered office address, I hereby confirm this change.  American the confirmation of the confirm	mance if this at the
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Christine Kelm			
Т	yped or Printed Name	<del>-</del>	
	* * * F])	LING 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)