F1500003270

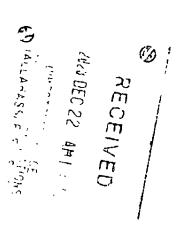
	(Requestor's Name)		
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PICK-UP	☐ WAIT ☐ MAIL		
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Office Use Only



800420631748







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

statement of cha	ange is submitted for a corpora	12, 617.0302, 607.1308, or 617.1308, Florida Statution organized under the laws of the State of DE The or registered agent, or both, in the State of Flor	
1. The name of	the corporation: SPECPAGE.	INC	
2. The principal	office address: 8800 Baymead	dows Way W Suite 500 Jacksonville, FL 32256	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/27/2	2015 Document number: F1500000	3270
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered office on file with the resigned)	the
	C T Corporation System		
	1200 South Pine Island Roa	ad	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- ,	Plantation	FL 33324	
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered office	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Corporation Service Compa	iny	: 23
	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of its re	egistered agent,
Such change wa authorized by th	as authorized by resolution du he board, or the corporation h	ily adopted by its board of directors or by an off as been notified in writing of the change.	īcer so
/s/ John Mills		John Mills, CFO	
•	re of an officer or director	Printed or typed name and title	
l further agrée : of my duties, an document is bei corporation has	to comply with the provisions nd I am familiar with and acce	d agent and agree to act in this capacity. of all statutes relative to the proper and comple ept the obligation of my position as registered a unge in the registered office address. I hereby o is change.	ete performance gent. Or, if this confirm that the
By: Mm	ro retubio	12/21/2023	
	nature of Registered Agent	Date	
	·		
	Asst. Vice President yped or Printed Name		

* * * FILING FEE: \$35.00 * * *