1/6/22, 12:12 PM Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

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

Email	Address:	 _		

REGISTERED AGENT CHANGE SYSCOM, INC

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S. PRATHER

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By:

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

statement of cha	nge is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statuu unized under the laws of the State of Colora stered agent, or both, in the State of Florida	ıda				
1. The name of t	he corporation: SysCom, Inc.						
2. The principal		907					
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification: 7/14/2015	Document number: F15000003445					
	street address of the current registered tment of State; (If resigned, enter resigned), Arelland, Dion	agent and registered office on file with the ned)	2022 SLC: FALL!				
	, FL 33324	JAN -6 TETARY THASSEE					
6. The name and (if changed):	street address of the new registered as	AH 8: 36 GF STATE FLORIDA					
	C T Corporation System						
	P.O. E Plantation, Florida 33324	lov NOT acceptable					
The street address changed will	ss of its registered office and the street be identical.	et address of the business office of its regis	stered agent,				
		ed by its board of directors or by an office of the directors or by an office of the change.	r so				
/s/ Dion Arella	ano	Dion Arellano, President					
I hereby accept a I further agree to of my duttes, and document is bein	rt am jaminar with and accept the of ng filed merely to reflect a change in . been notified in writing of this chang	Printed or typed name and title and agree to act in this capacity, attates relative to the proper and complete oligation of my position as registered agen the registered office address, I hereby con- e.	performance u. Or, if this firm that the				
/s/ Agnes Jens	sen	1/6/2022					
Sign If signing on beh	anim of Registered Agent	Date					
	iar of all clithy,						
Agnes Jensen	ped or Printed Name						
	* * * E11 INC 1	EE. 175 on 6 5 +					

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