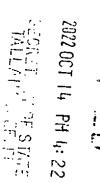
F15000004120

	(Requestor's Name)			
	<u> </u>			
	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
	(City/State/Zip/Priorie #)			
PICK-UF	P WAIT MAIL			
_				
	(Business Entity Name)			
	(200most 2mm) name,			
(Document Number)				
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Certified Copies	Certificates of Status			
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Coopiel Instructions	a Eiling Officer			
Special Instructions t	o Filing Officer.			
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Office Use Only



900395780019



A. BUTLER OCT 1 / 2022



CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 993258 8392836					
AUTHORIZATION: Synelli Cercan					
COST LIMIT : \$ 35.00					
ORDER DATE: October 6, 2022					
ORDER TIME : 9:14 AM					
ORDER NO. : 993258-077					
CUSTOMER NO: 8392836					
CHANGE OF AGENT					
NAME: REX MOORE GROUP, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

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

•

statement of cha	unge is submitted for a corporation	17.0502, 607,1508, or 617,1508, Florida Statut organized under the laws of the State of <u>CA</u> registered agent, or both, in the State of Florid	
1. The name of	the corporation: REX MOORE GRO	DUP, INC.	
	office address: 6001 Outfall Circle		
4. Date of incor	poration/qualification: 09/17/2015	Document number: F1500000412	<u>?</u> 0
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	!
	INCORP SERVICES, INC.		
	17888067TH COURT NORTH		2
	LOXAHATCHEE, FL 33470		a22 C
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	2022 OCT 14
	Corporation Service Company	C.). 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	P :
	1201 Hays Street		4:27
	1	P.O. Box NOT acceptable	2
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the s be identical.	street address of the business office of its regi	stered agent.
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an office en notified in writing of the change.	er so
Xie	e & agnie		e President
I hereby accept I further agree to of my duties, an document is bei corporation has	to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete ne obligation of my position as registered ages e in the registered office address, I hereby containe.	performance nt. Or, if this firm that the
By: X	n Service Company	10/12/2022	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
T	yped or Printed Name		

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