Florida Department of State Division of Corporations Recurring Hilling Ower Shows

→ 18506176380

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.

(((H22000208104 3)))



H220002081843ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:				
		Division of Cor	porations		
		Fax Number	: (850)617-6380		
ယ် ့	Erom:				
	يخا ت	Account Name	: REGISTERED AGENT SOLUTIONS INC		
AMIII	, ,	Account Number		20	
<u> </u>		Phone	: (888)705-7274		
_	1.4	Fax Number	: (888)796-7274	2022 JUN SEGRET	
Š	: :			<u> </u>	PERSONAL PROPERTY.
	-1			<u> </u>	A.zes
\$			for this business entity to be used for futu	ire	U Harana
2022 JUN 1		ual report mailin	ngs. Enter only one email address please. 🕶 ⊱	架 星	
05	idir— ✓ Fma		r	77 -F	
7	-^ Ema	il Address:		FST D	_
				四至 23	
			•	()	

REGISTERED AGENT CHANGE A. HARTRODT (U.S.A.), INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. BUTLER

JUN 16 2022

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: A. HARTRODT (U.S.A.), INC.

Name of Corporation

DOCUMENT NUMBER: F1500005295

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:

Joshua Murphy		
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 n	otification)	
For further information concerning this matter, please call	l:	
Joshua Murphy	0.00	706 7274

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

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

15129570210

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

tatement of cha	provisions of sections 607,0502, 61 nge is submitted for a corporation or r to change its registered office or r	organized und	ler the la	ws of the State of _	New York	
. The name of t	he corporation: A. HARTRO office address: 777 SUNRIS	DT (U.S	S.A.),	INC.		_ 3
	ddress (if different):					_
l. Date of incorp	poration/qualification: 11/25/2	015 D	ocument	number: F150	00005295	_
	I street address of the current register tment of State: (If resigned, enter re	-	l register	ed office on file wi	ith the	
	BLUMBERGEXCELSIOR	CORPOR	ATE S	ERVICES, INC) , ~	
	155 OFFICE PLAZA DRIVE		1ST	FLOOR	022 J SECR	charge
	TALLAHASSEE		FL	32301		A. Control
6. The name and (if changed):	Registered Agent S				2022 JUN 15 AM ID: 24 SECRETARY OF STATE TALLAHASSEE, FL	
	155 Office Plaza D		uite /	4	_	
	Tallahassee	FL FL	9230	01	_	
The street addre	ess of its registered office and the s be identical.	street address	of the b	usiness office of it	ts registered agent	ι,
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its l en notified in	ooard of writing	directors or by an of the change.	officer so	
s/ Mark	Starr e of an officer of director	Mark	Star	r ited or typed name and ti	Authorized Pe	rson
hereby accept further agree if fmy duties, an locument is bein corporation has	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ny filed merely to reflect a change been notified in writing of this ch	ent and agree Il statutes rela le obligation (e in the regista ange.	to act in itive to to of my po ered offic	this capacity, he proper and con sition as registere ce address, I herel	uplete performance d agent. Or, if the hy confirm that the	te is e
Hocken	zidt	06/	15/20)22		
Sign	nature of Registered Agent			Date		
f signing on be	half of an entity:					
	Assistant Secretary					
ry	sped or Printed Name	C PPP 635	00 + + +			
	* * * FILIN	'G FEE: \$35.	VU * * *			

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13)