

F16000000725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

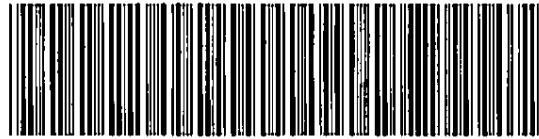
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000390555950

000390555950 000390555950

RECEIVED
2022 AUG 12 PM 4:40
TALLAHASSEE, FLORIDA

A. BUTLER

AUG 15 2022

FILED
2022 AUG 12 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wyoming in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EASSIST, INC.
2. The principal office address: 665 West 750, North American Fork, UT 84003
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/17/2016 Document number: F16000000725
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Universal Registered Agents, Inc.

1201 Hays Street

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

UNIVERSAL REGISTERED AGENTS, INC.

1317 California Street

P.O. Box NOT acceptable

Tallahassee, Florida 32304

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer, so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

8/11/2022

Date

If signing on behalf of an entity:

Kent Rockwell

Typed or Printed Name

*** FILING 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)

FILED
2022 AUG 12 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FL