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.

(((H22000388208 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

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## REGISTERED AGENT CHANGE JUSTICETRAX, INC.

Certificate of Status	0
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## **COVER LETTER**

	ary Castillo	at (888) 705-7274  Area Code & Daytime Telephone Nun
hor tu		
	urther information concerning this matter, p	please call:
E-ma	il address: (to be used for future annual	al report notification)
•	•	
	State and Zip Code	
Addre	ess п. Texas 78735	
	orate Center One, 5301 Southwest Pkwy, Ste 40	<del>100</del>
	Company	
_	tered Agent Solutions, Inc.	
Name	e of Contact Person	
	e return all correspondence concerning this ary Castillo	s matter to the following:
	-	
The e	nolwed Statement of Change of Registered	ed Office/Agent and fee are submitted for filing.
DOC	UMENT NUMBER: F1600000	02367
	JUSTICETRAX, I	<u> </u>
	ILICTICETDAY I	INIC

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

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

CR2E045 (04/13)

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

	provisions of sections 607,0502, 6 inge is submitted for a corporation					nis 	_
-	er to change its registered office or						
1. The name of	the corporation: JUSTICETRA	AX, INC.	·				_
2. The principal	office address: ONE WEST N	MAIN ST	REET M	ESA, AZ 85	201		_
							~~ <u>~</u>
	address (if different):			F160	0000000		
4. Date of incorp	poration/qualification: 5/20/20	16	_ Document	number: F 100	0000236		
	d street address of the current regis rtment of State: (If resigned, enter	-	t and registen	ed office on file	with the		
	C T CORPORATION	N SYS	TEM			21	
	1200 SOUTH PINE ISLAN	ID ROAD	)			022 N	
	PLANTATION		FL	33324		2022 NOV 14	
6. The name and (if changed):	d street address of the new register			d /or registered (	office	AH 7:17	
	155 Office Plaza Dr.		Suite A				
	Tallahassee	P.O. Box NO	T acceptable 3230	1	<del></del>		
The street addreas changed will	ess of its registered office and the be identical.	street add	ress of the bi	usiness office of	its registere	ed agen	t,
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has b	ndopted by seen notific	its board of ed in writing	directors or by a of the change.	in officer so		
Isl Warren	Loomis	Wa	arren Loo	mis	CEO		
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as registered as to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	all statutes the obligat we in the re	gree to act in relative to to ion of my pos	he proper and co sition as register	omplete perf red agent. (	Ir. if th	us
Hocken	zidt -	1	1/14/202	2			
Sig	mature of Registered Agent	_		Date			
If signing on be	chalf of an entity:						
Mackenzie Hart,	Assistant Secretary						
Ť	yped or Printed Name						
	* * * FILI	NG FEE:	\$35.00 * * *				