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| (Ac | ldress) | |
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| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | usiness Entity Nam | ne) |
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| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 48 North Solutions, Inc.

POCUMENT NUMBER: F16000004765

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:

Jan Brandt

Name of Contact Person

48 North Solutions, Inc.

Firm/Company

112 Bay Bridge Drive

Address

St Augustine, Florida 32080

City/State and Zip Code

jbrandt@48northsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan Brandt

206 681-

Name of Contact Person

Area Code & Daytime Telephone Number

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 Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of cha | nge is submitted for a corpora | 2, 617.0502, 607.1508, or 617.1508. Florida . tion organized under the laws of the State of _ | Washington | |
|--|---|---|------------------------|---------|
| | | e or registered agent, or both, in the State of F | ⁺lorida. | |
| 1. The name of | he corporation: 48 North | Solutions, Inc. | | |
| | office address: 909 NE Bo VA 98105 | pat Street | | |
| 3. The mailing a | ddress (if different): Same | | | |
| 4. Date of incorp | poration/qualification: Octobe | er 21, 2016 Document number: F1600 | 0004765 | <u></u> |
| | I street address of the current retirement of State: (If resigned, en | egistered agent and registered office on file w iter resigned) | ith the | |
| | . J Torar Columbia, ii | 110. | | |
| | 625 Commerce Drive | e | च्छं ः | |
| | Lakeland, FL 33813 | | 17 OCI | |
| 6. The name and (if changed): | I street address of the new regis | stered agent (if changed) and /or registered of | T-3 AH S | -ILED |
| | 112 Bay Bridge Drive | <u> </u> | | |
| | | O. Box NOT acceptable | | |
| | St Augustine FL 3208 | 80 | | |
| The street address changed will | ess of its registered office and be identical. | the street address of the business office of its | s registered ager | nt. |
| Such change was authorized by the | s authorized by resolution dul e board, or the corporation ha | ly adopted by its board of directors or by an observation notified in writing of the change. | officer so | |
| | ndt | Jan Brandt, CEO 48 North Soluti | ons, Inc. | |
| I hereby/accept I further agree to performance of agent. Or, if the | o comply with the provisions of my duties, and I am familiar v is document is being filed mer | Printed or typed name and titl d agent and agree to act in this capacity, of all statutes relative to the proper and com with and accept the obligation of my position ely to reflect a change in the registered offic notified in writing of this change. | plete as registered | |
| J. | 1- Mt | September 28, 2017 | | |
| Sign | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| Ту | ped or Printed Name | | | |

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