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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 RECON MI CORPORATION

Certificate of Status	0
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pg 2 of 4

H21000086775 3

COVER LETTER

TO:

Amendment Section Division of Corporations

RECON CORPORATION

Name of Corporation

DOCUMENT NUMBER: F16000005395

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:

Zachary Ysais	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Zachary Ysais at (888) 705-7274	
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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

O 03/03/2021 9:32 AM

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

Pursuant to the provisions of sections 607,050 statement of change is submitted for a corpora	ution organized under the law	s of the State of Michigan
in order to change its registered offic	-	·
1. The name of the corporation; RECON 2. The principal office address; 2020 S MIS		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/5	/2016 Document n	F1600005395
5. The name and street address of the current r Florida Department of State: (If resigned, er	registered agent and registered	d office on file with the
CORPORATIO	N SERVICE CO	<u>OMPANY</u>
1201 HAYS STREET		
TALLAHASSEE	FL	32301-2525
6. The name and street address of the new regi (if changed):	istered agent (if changed) and nt Solutions, Inc	-
155 Office Plaz		
133 Office Flaz	P.O. Box NOT acceptable	1 1 2 20
Tallahassee	FL 3230	11 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
The street address of its registered office and as changed will be identical.	the street address of the bus	1
Such change was authorized by resolution du authorized by the board, or the corporation h	ily adopted by its board of d as been notified in writing o	
's Matt Warren	Matt Warre	en Secretary
Signature of an officer of director I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and accomply locument is being filed merely to reflect a che corporation has been notified in writing of the	d agent and agree to act in t of all statutes relative to the ept the obligation of my posi lange in the registered office	tion as registered agent. Or, if this
Hockeryn D. Signature of Registered Agent	03/03/202	21
If signing on behalf of an entity:		
Mackenzie Hart, Assistant Secretary		
Typed or Printed Name		
* * * F	ILING FEE: \$35.00 * * *	