## F170000000463

(1	Requestor's Name)
<del></del>	Address)
(A	address)
	Address)
·	,
(i	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
	Certificates of Status
Special Instructions to F	Hing Officer:

Office Use Only



300435278833

2024 AUG 28 AM 9: 50 SECKETATY OF STATE TALLAHASSEE. FL

2024 AUG 28 PM 3: 29

AB

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 6007687 8419425						
AUTHORIZATION CONTRACTOR						
COST LIMIT : \$ 25.00						
ORDER DATE : August 20, 2024						
ORDER TIME : 2:07 PM						
ORDER NO. : 600768-112						
CUSTOMER NO: 8419425						
CHANGE OF AGENT						
NAME: BUSINESSOLVER.COM, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Amanda Miller						
EXAMINER'S INITIALS:						

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

statement of cha	provisions of sections 607.0502.  Inge is submitted for a corporation	n organized under the la	nvs of the Sta	ne of DE		is		
	r to change its registered office o		oth, in the Sta	te of Floria	da.			
	the corporation: BUSINESSOLVE							
2. The principal	office address: 1025 ASHWORT	H RD WEST DES MOII	NES, IA 5026	)5 		<del>.</del>		
3. The mailing a	ddress (if different):							
4. Date of incorp	poration/qualification: 01/31/20	17 Document	number:F	17000000	463			
	I street address of the current regit timent of State: (If resigned, enter		ed office on	file with th	ie			
	LEGALINC CORPORATE SER	RVICES INC.						
	476 RIVERSIDE AVE.			<u>s</u>	20:			
	JACKSONVILLE	FL	32202	TAL	2024 AUG 21	71		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office							
	Corporation Service Company							
	1201 Hays Street			FATE	50			
	P.O. Box NOT acceptable							
	Tallahassee	FL	32301					
The street addre as changed will	ss of its registered office and the be identical.	e street address of the b	usiness offic	e of its reg	gistered	d agent,		
Such change wa	is authorized by resolution duly be board, or the corporation has l	adopted by its board of been notified in writing	directors or i	by an offic e.	er so			
/S/ Allison	Wallace	Allison Wallace	e, Chief Lega	al Officer				
I hereby accept I further agree t of my duties, an document is bein corporation has	to the appointment as registered a to comply with the provisions of a law familiar with and accept of filed merely to reflect a chan been notified in writing of this in Service Company	aent and auroe to act in	nted or typed name this capacit he proper an sition as regi ce address. I	11	e perfo ent. O nfirm	ormance r if this that the		
77.0	- Yelishi	08/27/2024						
Sign	nature of Registered Agoni		Date					
lf signing on bel	half of an entity:							
	BY, ASST. VICE PRESIDENT	_						
Ту	ped 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)