## 100000 21

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
S Api	(Document Number)
A	opies Certificates of Status
	structions to Filing Officer:
1 R	·
0/1/	

Office Use Only



200312317882

04/27/18--01014--030 \*\*35.00

**TALLENT** 

R 3 0 2018

## **COVER LETTER**

Amendment Section

TO:

Division of C	orporations
SUBJECT:	BOLDplanning, Inc. Name of Corporation
DOCUMENT NUM	BER:F17000002146
The enclosed Stateme	nt of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Fulton Wold  Name of Contact Person  BULD planning Firm/Company  4615 Harding Pike Suite 325  Address  Address  Lushville TM 37205  City/State and Zip Code  admin @ BOLD planning. Com a  mail address: (to be used for future annual deport notification)
<u>Uin O</u>	of Contact Person  at (015) 465-555 ext 414  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	theck 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

Pursuant to the provisions of s statement of change is submitte	ed for a corporation organize	ed under the laws of the State	of Tennessee
		ed agent, or both, in the State	
<ol> <li>The name of the corporation</li> <li>The principal office address</li> </ol>	4515 Harding Pike Suite	325	
2. The principal office address	Nashville, TN 37205		
3. The mailing address (if diffe	rent):		
4. Date of incorporation/qualit	cation: 05/10/2017	Document number:	F17000002146
5. The name and street address		nt and registered office on file	
	Incorp Services	s, Inc.	هِس
	3773 Howard Hughe	es Parkway	
<i>f</i>	Lasvegas, FL 8		3 7
6. The name and street address (if changed):	of the new registered agent (	(if changed) and /or registered	
	InCorp Services	s, Inc.	
	17888 67th Cou	rt North	
<del></del>	P.O. Box. NOT acc	ceptable	_
•	Loxahatchee, FL	. 33470	<del></del>
The street address of its regist as changed will be identical.	ered office and the street ad	dress of the business office o	f its registered agent.
Such change was authorized by authorized by the board, or the	y resolution duly adopted by corporation has been notifi	y its board of directors or by ied in writing of the change.	an officer so
V Hell	F	Fulton Wold, President	
Signature of an officer or d	rector	Printed or typed name an	d title
I hereby decept the appointme I further agree to comply with performance of my duties, and agent. Or, if this document is hereby confirm that the corpo-	the provisions of all statute. 'I am familiar with and acce being filed merely to reflect	s relative to the proper and c ept the obligation of my posit a change in the registered o	non as registered
Hai long		April 19, 20	18
Signature of Registered	Agent	Date	
If signing on behalf of an entit	y:		
Keri Sandler on behalf of l	nCorp Services, Inc.		
Typed or Printed Nam	ic .		

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