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.

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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.

Email Address:___

REGISTERED AGENT CHANGE PLATO WEB DESIGN, INC.

| Certificate of Status | 0 | 10 to |
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| Certified Copy | 0 | 32 |
| Page Count | 01 | 7.3 |
| Estimated Charge | \$35.00 | المجلا المحال |
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COVER LETTER

TO:

Amendment Section Division of Corporations

T: PLATO WEB DESIGN, INC.

Name of Corporation

F17000003503

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:

| Alicia Richards | |
|--|-----------------------------------|
| Name of Contact Person | |
| Registered Agent Solutions, Inc. | |
| Firm/Company | |
| Corporate Center One, 5301 Southwest Pkwy, Ste 400 | |
| Address | |
| Austin, Texas 78735 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notificat | ion) |
| For further information concerning this matter, please call: | |
| Alicia Richards at (S88) | 705-7274 |
| Name of Contact Person Area | a 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)

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

| statement of ch | provisions of sections 607.0502 ange is submitted for a corporat | ion organized under the l | aws of the State of | Pennsylvania | | |
|--|--|---|---|---|--|--|
| | er to change its registered office | - | | Florida. | | |
| 1. The name of | the corporation: PLATO \ | <u>WEB DESIGN,</u> | INC. | | | |
| 2. The principal | l office address: 801 Wes | t State Road 4 | 36 Suite 2 | 151 #1060 | | |
| Altamo | nte Springs, FL 32 | 2714 | | | | |
| 3. The mailing | address (if different): 2930 N | Academy Blvd Suite | 100 Colorado | Springs, CO 80917 | | |
| 4. Date of incor | poration/qualification: $8/4/2$ | 2017 Document | t number: F170 | 000003503 | | |
| | d street address of the current re artment of State: (If resigned, en | | red office on file v | with the | | |
| | CORPORATIO | N SERVICE C | OMPAN' | <u>Y</u> | | |
| | 1201 HAYS STREET | | | | | |
| | TALLAHASSEE | FL | 32301 | _ | | |
| 6. The name an (if changed): | d street address of the new regis Registered Agen | - | - | office | | |
| | 2894 Remington Green Ln. Ste. A | | | | | |
| | Tallahassee | P.O. Box NOT acceptable FL 323 | 808 | 一卷五十 | | |
| The street addr as changed wil | ess of its registered office and I be identical. | the street address of the b | ousiness office of | its registered agent. | | |
| | ras authorized by resolution du he board, or the corporation ha | | | 7, , - 1 | | |
| 1st George | Sleeman | George S | Sleeman | Authorized Representative | | |
| I hereby accept I further agree of my duties, at document is be corporation ha | ure of an officer or director I the appointment as registered to comply with the provisions of nd I am familiar with and acce, ing filed merely to reflect a che is been notified in writing of the | agent and agree to act is of all statutes relative to in the obligation of my paying in the registered offi | the proper and co sition as register | omplete performance red agent. Or, if this | | |
| И | and the | 05/06/2 | 025 | | | |
| · | gnature of Registered Agent | | Date | | | |
| If signing on be | chalf of an entity: | | | | | |
| | er, Assistant Secretary | | | | | |
| 1 | Typed or Printed Name *** F1 | LING 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)