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COVER LETTER

Division of Corporations		
SUBJECT: Infinity O & Plnc. Name of Corporat	ion	
DOCUMENT NUMBER: F17 0000393	28	
The enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.	
Please return all correspondence concerning this matter to the		
Jessa Hicks Name of Contact Pe	erson	
Infinity O & P, Inc.		
909 Franklin S	street	
Ltuntsville, AC	35 8 01	
E-mail address: (to be used for future as	hnual report notification)	
For further information concerning this matter, please call:		
Jessa Hicks at (256,603-1566	
Name of Contact Person A	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of	f 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 sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Infinity DEP, Inc.
2. The principal office address: 909 Franklik Street
Huntsville, AC 35801
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/29/17 Document number: F17 000003928
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Hicks, Christopher
2939 Highway 77 Panana CA F1 32405
Panama City, FL 32405
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Hicks, Christopher
2581 Hunteliff Lane
P.O. Box NOT acceptable
Panama City, FL 32405
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Christopher Hicks, CPULPO Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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