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## **Division of Corporations** Electronic Filing Cover Sheet

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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 anail address

Email Address:\_

REGISTERED AGENT CHANGE LIQID INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

LIQID INC.

SUBJECT: Page 17000004258

DOCUMENT NUMBER: F17000004258

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 notification)

For further information concerning this matter, please call:

Alicia Richards
Name of Contact Person

at (888 ) 705-7274
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)

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

statement of cha	nge is submitted for a corpora	92, 617.0502, 607.1508, or 617 ition organized under the laws	of the State of	Delaware	
		e or registered agent, or both,	in the state of	r torida.	
1. The name of t	the corporation: Liqid Inc				
	office address: 329 INTE VIFIELD, CO 8002	ERLOCKEN PARK 1	(WAY, S	UITE 200	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 9/21	/2017 Document nu	mber: <u>F170</u>	000004258	_
	I street address of the current r timent of State: (If resigned, er	registered agent and registered nter resigned)	office on file v	vith the	
	<b>NRAI SERVIC</b>	ES, INC.		7 29	
	1200 SOUTH PINE ISL	AND ROAD		2023 SEP	
	PLANTATION	FL	33324	EP -7	<u>-</u>
6. The name and (if changed):		istered agent (if changed) and /	or registered o	AM 8: 57	ן נ
	2894 Remington C	<del></del>	<u> </u>	— Þ	
	Tallahassee	P.O. Box NOT acceptable FL 32308	3		
The street addre	ess of its registered office and be identical.	the street address of the busi	ness office of	its registered agent,	
Such change wa authorized by th	as authorized by resolution due board, or the corporation h	aly adopted by its board of dir as been notified in writing of	rectors or by a the change.	n officer so	
1st Bryan S	chramm	Bryan Schr		COO	
I hereby accept I further agree t of my duties, an document is bei	the appointment as revistere	d agent and agree to act in the of all statutes relative to the opt the obligation of my positi lange in the registered office	or typed name and his capacity, proper and co ton as register address, I hero		e S
Ма	ملك مزوم	09/07/202	:3		
Signature of Registered Agent			Date		
If signing on be	half of an entity:				
Mackenzie Hible	er, Assistant Secretary				
1	yped or Printed Name	·····			
	***F	ILING 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)