(((H20000071148 3)))



H200000711483ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

5	Email	Address:		

REGISTERED AGENT CHANGE AGS SCIENTIFIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

3

statement of ch	ange is submitted for a corporation or	2502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delivering				
		istered agent, or both, in the State of Florida.				
	the corporation: AGS Scientific, Inc.					
	office address: 1 West Bronze Lane					
Bryan, TX 7	·					
3. The mailing	address (if different):		<u> </u>			
4. Date of incor	poration/qualification: 11/01/2017	Document number: F17000004923				
	d street address of the current registere rtment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)				
	DEWLINANDAN, MOHINI					
	1720 HARBOR VIEW CIR		20 H			
	WESTON, FL 33327		20 1			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agents Inc.						
	Registered Agents Inc.		···			
	7901 4th St N STE 300	مذ				
P.O. Box NOT acceptable						
	St. Petersburg FL 33702					
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 w authorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.				
Jas	on Dray	Jason Gray, President				
I hereby accept I further agree performance of agent. Or, if th	are of an officer of director t the appointment as registered agent to comply with the provisions of all s f my duties, and I am familiar with an	tatutes relative to the proper and complete d accept the obligation of my position as registere effect a change in the registered office address. I	d			
Bee Ha	~-	3/3/2020				
Si	gnature of Registered Agent	Date				
If signing on be	chalf of an entity:					
Bill Havre						
1	yped or Printed Name	DDD, eac on + + +				
	* * * 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 (03/12)