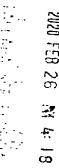
F18000000986

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900341167999



O SIMMONS FEB 2 7 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 193815 8123602
AUTHORIZATION STREET CONTROL
COST LIMIT (: \$ 35.00
ORDER DATE : February 26, 2020
ORDER TIME : 3:19 PM
ORDER NO. : 193815-010
CUSTOMER NO: 8123602
CHANGE OF AGENT
NAME: FOURTH USA INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Kadesha Roberson
EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: FOURTH USA INC.	
Name of Corporation	
DOCUMENT NUMBER: F18000000986	
The enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	•
Name of Contact Person	······································
Firm/Company	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	se call:
	at ()
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	The Cond of Tallallassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

COVER LETTER

10:	Amendment Section Division of Corporations	
SUBJE Name o	ECT: FOURTH USA INC. of Corporation	
DOCU	MENT NUMBER: F18000000986	
		d Office/Agent and fee are submitted for filing.
	return all correspondence concerning this	_
Name o	of Contact Person	
Firm/C	Company	
Addres	ss	
City/St	ate and Zip Code	<u> </u>
E-mail	address: (to be used for future annua	l report notification)
For fur	ther information concerning this matter, p	please call:
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclose	ed 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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.050 tage is submitted for a corporation organ	nized under the law	ws of the State of Delaware		
in orde	r to change its registered office or regist	ered agent, or both	h, in the State of Florida.		
	the corporation: F1800000986				
2. The principal office address: 6504 BridgePoint Pkwy, Ste 425, Austin, TX 78730					
3. The mailing a	address (if different):	-			
4. Date of incorp	poration/qualification: 02/26/2018	Document r	number: F18000000986		
	d street address of the current registered a riment of State: (If resigned, enter resigne		ed office on file with the		
	JENNIFER SPECHT				
	9007 Brittany Way				
	TAMPA, FL 33619				
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and	d /or registered office		
	Corporation Service Company				
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301		
The street address changed will	ess of its registered office and the street be identical.	address of the bu	siness office of its registered agent,		
Such change was authorized by the	as authorized by resolution duly adopte be board, or the corporation has been no	d by its board of do stified in writing o	directors or by an officer so of the change.		
Na	La. X 13	Adam Berry, Se	ecretary		
	re of an officer or director		ted or typed name and title		
I hereby accept I further agree of my duties, an document is bei corporation has Corporation	the appointment as registered agent at to comply with the provisions of all stated in am familiar with and accept the obling filed merely to reflect a change in this begrnotified in writing of this change of Service Company.	id agree to act in the utes relative to the ligation of my posite registered office.	this capacity, te proper and complete performance ition as registered agent. Or, if this e address, I hereby confirm that the		
By:	0	2/26/202			
- // -	mature of Registered Agent	- -	Date		
If signing on be	chalf of an entity:	C - 1			
	Lydia (Asst. Vice	Cohen President			
T	yped or Printed Number Presio	··cardent			

* * * 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 (04/13)