Florida Department of State Divisioner Corporations Electronic Filing Cover Sheet

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H220002092103ABCS

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		To:	Division of Cor Fax Number	porations : (850)617-6380	
		From:			1
			Account Name	: REGISTERED AGENT SOLUTIONS INC	٠
			Account Number	: I20100000062	٠.
			Phone	: (888)705-7274	
Ш ©:	8: 38		Fax Number	: (888)796-7274	•
CEIV	A	·		for this business entity to be used for many formal for the second of th	
	911	- (?) Emi	ail Address:		
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REGISTERED AGENT CHANGE ESSENSE PARTNERS INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section Division of Corporations

SUBJECT: ESSENSE PARTNERS INC.	
Name of Corporation Proceedings of the Procedings of the Proceedings of the Procedings of the Proceedings of the Procedings of the Procedi	
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:	
Joshua Murphy	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	207
City/State and Zip Code	2022 JUN 16
E-mail address: (to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:	· · · ·
Joshua Murphy at (888) 705-7274	$\frac{1}{\sqrt{2}}$ $\frac{1}{\sqrt{2}}$
Name of Contact Person Area Code & Daytime Telephone	e 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

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 inge is submitted for a corporation o er to change its registered office or re	organized	under the la	ws of the State of	New York
1. The name of	the corporation: ESSENSE PA	RTNEF	RS INC.		
	office address: 216 E 45TH S			W YORK, N	IY 10017
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 6/7/2018		_ Document :	number: F1800	00002691
5. The name and	d street address of the current registe				
	BLUMBERGEXCELSIOR C	ORPO	RATE SER	VICES INC	
	155 OFFICE PLAZA DR	1ST FL			
	TALLAHASSEE		FL	32301	_
(if changed):	Registered Agent Solu 155 Office Plaza Dr.	Agent Solutions, Inc.			22 JUN 16
	Tallahassee	O. Box NO	Tacceptable 3230		TH 2:
-	ess of its registered office and the s be identical. as authorized by resolution duly ad- he board, or the corporation has bee	treet add	ress of the bu	siness office of	its registered agent.
	ew Geyer	Ma	tthew Ge		Authorized Person
l hereby accent	the appointment as registered ages to comply with the provisions of ali ad I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha	l statutes e obligati in the reg unge,	ree to act in	e proper and co ition as registero e address, I hero	
Signature of Registered Agent				Date	
If signing on be	chalf of an entity;				
Mackenzie Hart,	Assistant Secretary				
	yped or Printed Name				
	* * * FILING	G 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)