Division of Corporations

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(((H23000402114 3)))



H230004021143ABCR

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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

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COVER LETTER

TO:

Amendment Section Division of Corporations

DOCUMENT NUMBER: F18000	002721
•	
The enclosed Statement of Change of Registered	1 Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Mary Castillo Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 40	00
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, p	please call:
or tarmer miorination concerning this matter, p	
Mary Castillo Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone N

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)

15129570210

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

statement of chi	provisions of sections 607.05 ange is submitted for a corpor er to change its registered offi	ration organized under the la	rws of the State of	<u>California</u>	_			
	the corporation: MadeTo		_EASANTC	N, CA 945	<u></u> 566			
3. The mailing a	address (if different):							
4. Date of incor	poration/qualification: 6/7/	2018 Document	number: F180	00000272	1			
	d street address of the current rtment of State: (If resigned, o		ed office on file v	vith the				
	CT CORPORA	ATION SYSTE	M					
	1200 SOUTH PINE ISLAND ROAD							
	PLANTATION	FL	33324	_				
b. The name and (if changed):		ent Solutions, Inc Green Ln. Ste. A	v	23 1/0V 21				
	Tallahassee	P.O. Box NOT acceptable FL 3230	08					
The street address changed will	ess of its registered office an loc identical.	d the street address of the bu	usiness office of		ent,			
Such change wanthorized by the	as authorized by resolution d he board, or the corporation	luly adopted by its board of has been notified in writing	directors or by ar of the change.	n officer so				
s/ Jon Zies	wtek	Jon Zie	entek Aut	horized Signe	:r			
hereby accept further agree of my duties, ar locument is bet	the appointment as registers to comply with the provision of I am familiar with and accing filed merely to reflect a constitution of the second of the control of the contr	ed agent and agree to act in s of all statutes relative to th cept the obligation of my po hange in the registered offic	this capacity		ance this the			
\mathcal{M}	ملك نرقمه	11/21/20)23					
Sig	mature of Registered Agent		Date		_			
f signing on be	chalf of an entity:							
Mackenzie Hible	er, Assistant Secretary							
	yped or Printed Name							
	*** [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)