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(((H19000300349 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS FILINGS

Account Number : 103256001620 Phone : (608)827-5300

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

Email Address:

REGISTERED AGENT CHANGE INFINITY CONSUMER SERVICES DE INC.

| Certificate of Status | 0 |
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OCT 10 2019

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Corporate Filing Menu

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Staintes, this statement of change is submitted for a corporation organized under the laws of the State of Delawere in order to change its registered office or registered agent, or both, in the State of Florida. | |
|--|----------|
| 1. The name of the corporation: Infinity Consumer Services DE Inc. | |
| 2. The principal office address: 3521 Universal Plaza, New Port Richey, Florida 34652 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 10/26/2018 Document number F18000004866 | |
| 5. The name and succer address of the current registered agent and registered office on file with the Florida Department of State. (If resigned, enter resigned) | |
| Robert, Marques | |
| 3521 Universal Plaza | |
| Newport Richey, FL 34652 | |
| 6. The name and street address of the new registered agent (if changed) and 'or registered office (if changed): | |
| Business Filings Incorporated | |
| 1200 South Pine Island Road | r- |
| PO Box NOT acceptable Plantation, Florida 33324 | <u> </u> |
| The street address of its registered office and the street address of the business office of its registered agents as changed will be identical. | _ |
| Such change was anthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, by the corporation has been notified in writing of the change. | |
| Kris Eigenbrode, President Proved or typed pages and belle | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stantes relative to the preper and complete perfect and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I thereby confirm that the corporation has been notified in writing of this change. | |
| National Sth day of October, 2019 | |
| Signature of Registrated Agent Date | |
| If signing on behalf of an entity | |
| Mark Williams, AVP Typed or Priored 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 (65-12)

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