(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Only State Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CO CONTRACTOR OF THE PARTY OF T

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 481461 8404230			
AUTHORIZATION : Continue no			
COST LIMIT : \$ 35.0			
ORDER DATE: May 31, 2024			
ORDER TIME : 2:19 PM			
ORDER NO. : 481461-002			
CUSTOMER NO: 8404230			
CHANGE OF AGENT			
WINE CONDITINGE COLUMNONS VOLDINGS			
NAME: COMPLIANCE SOLUTIONS HOLDINGS, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
MALL I DIAM DIAM DO COLI			
CONTACT PERSON: Shauna Godbolt			

EXAMINER'S INITIALS:

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

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statement of ch	ange is submitted for a corpora	2, 617,0502, 607,1508, or 617,1508, Florida Statutes, this attion organized under the laws of the State of DE e or registered agent, or both, in the State of Florida.
1. The name of	the corporation: COMPLIANCE	E SOLUTIONS HOLDINGS, INC.
2. The principa	l office address: FREET, SUITE 500 MIAMI, FL	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 11/02/	2018 Document number: F18000005040
5. The name an		egistered agent and registered office on tile with the
	KRAMER, DAVID	
	78 SW 7TH STREET, SUIT	E 500
	MIAMI, FL 33130	
6. The name an (if changed):		stered agent (if changed) and /or registered office
	Corporation Service Compa	ny 9.
	1201 Hays Street	
		P.O. Box, NOT acceptable
	Tallahassee	FL 32301
The street addr as changed wil	ess of its registered office and The identical.	the street address of the business office of its registered agen
Such change wauthorized by t	as authorized by resolution du he board, or the corporation ha	ly adopted by its board of directors or by an officer so as been notified in writing of the change.
/s/Gregory Orenstein		Gregory Orenstein, CFO Printed or typed name and title
I further agrée of my duties, ar document is be corporation ha	the appointment as registered to comply with the provisions at I am familiar with and acceing filed merely to reflect a ch is been notified in writing of the Service Company	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performan pt the obligation of my position as registered agent. Or, if th ange in the registered office address. I hereby confirm that th is change.
	unature of Registered Agent	05/28/2024
	chalf of an entity:	
Grace E. Kirby,	Asst Vice President yed or Printed Name	
	•	LING 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)
481461-2