(((H22000049688 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

Fax Number

: (888)706-7274

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

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REGISTERED AGENT CHANGE SHORTCUT MOBILE, INC.

Certificate of Status	0
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ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: Shortcut Mobile, Inc F18000005629 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: Zachary Ysais Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwv, Sie 400 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, please call: Zachary Ysais
Name of Contact Person

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

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04·13)

## H220000496883

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

statement of cha	provisions of sections 607,05 inge is submitted for a corpoi ir to change its registered offi	ration organized under the la	aws of the State o	of Delaware
1. The name of to 2. The principal	the corporation: Shortcu office address: 220 W F Iphia, PA 19103	t Mobile, Inc	·	
-	ddress (if different):			
4. Date of incorp	poration/qualification: 12/4	4/2018 Document	number: F18	000005629
5. The name and Florida Depar	I street address of the current timent of State: (If resigned, e	registered agent and register enter resigned)	ed office on file	with the
	VCORP SERV	/ICES, LLC		
	1200 S PINE ISLAND	ROAD	-	_
	PLANTATION	FL	33324	_
(if changed):	155 Office Plaz Tallahassee	ent Solutions, Inc za Dr. Suite A P.O. Box NOT acceptable FL 3230	c. A 01	122 FEB - 7 PH 2: 5 ECRETARY OF STATALLAHASSEE, FI
	ss of its registered office and be identical. s authorized by resolution d e board, or the corporation h			
S/ Will New	vion c of an officer or director	Will Newto	on typed name and	Authorized Person
I hereby accept i I further agree to of my duties, and document is bein corporation has	the appointment as registere o comply with the provisions of I am familiar with and acc ng filed merely to reflect a cl been notified in writing of th	ed agent and agree to act in s of all statutes relative to the ept the obligation of my pos hange in the registered offic his change.	this capacity, he proper and co sition as register se address, I here	mplete performance ed agent. Or, if this eby confirm that the
Hode	attire of Registered Agent	02/07/20	22	
			Date	
f signing on beh				
	Assistant Secretary			
.,		ILING FEE: \$35.00 * * *		