

F19 000000832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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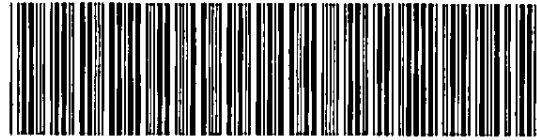
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fraud Fighters, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F19000000832

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:

Todd Gullett  
Name of Contact Person

Fraud Fighters, Inc.  
Firm/Company

2600 Micheson Drive Suite 160  
Address

Irvine, CA 92612  
City/State and Zip Code

om@fraudfighters.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Curry at ( 949 ) 608-1843  
Name of Contact Person Area Code & Daytime Telephone 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fraud Fighters, Inc.  
2. The principal office address: 2600 Michelson Drive Suite 160  
Irvine, CA 92612  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/10/1992 Document number: CA SOS ID : C1838447

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INCORP SERVICES, INC.  
17888 67th Court North  
Loxahatchee, FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.  
7901 4th Street N Suite 300  
P.O. Box NOT acceptable  
St. Petersburg, FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Todd Gullett - President  
Printed or typed name and title

*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 statutes relative to the proper and complete performance of my duties, 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 hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

11-6-2019  
Date

If signing on behalf of an entity:

Bill Havre / Secretary  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*