Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (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.\*\*

Email	Address:		

## REGISTERED AGENT CHANGE ROCORE HOLDINGS, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Rocore Holdings, Inc. F19000002659 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: Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 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

Street Address: Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cl	hange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of Delaware ce or registered agent, or both, in the State of Florida.		
1. The name o	f the corporation: Rocore			
2. The principa	al office address: 240   DINE	CTORS NOW SOTTE. R INDIANAPOLIS, IN 40241		
3. The mailing	address (if different):			
4. Date of inco	prporation/qualification: 5/28	3/2019 Document number: F19000002659		
	nd street address of the current artment of State: (If resigned, c	registered agent and registered office on file with the nter resigned)		
	CT CORPORA	ATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 33324		
6. The name at (if changed)	;	nt Solutions, Inc.  a Dr. Suite A		
	Tallahassee	P.O. Box NOT acceptable FL 32301  P.O. Box NOT acceptable FL 32301		
The street add as changed wi	ress of its registered office and ll be identical.	the street address of the business office of its registered agent,		
Such change vauthorized by	was authorized by resolution do the board, or the corporation h	aly adopted by its board of directors or by an officer so as been notified in writing of the change.		
1st Claudi		Claudia Lodetti Authorized Person Printed or typed name and little		
i juriner agree of my duties, a document is be	e to comply with the provisions and I am familiar with and acc	d agent and agree to act in this capacity. of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this tange in the registered office address, I hereby confirm that the its change.		
Moe	grantife of Registered Agent	06/14/2021		
	chalf of an entity:			
Mackenzie Har	t, Assistant Secretary			
	Typed or Printed Name	<del></del>		
	***F	ILING FEE: \$35.00 * * *		