(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/10/2021

Sincerely,

(PRIORITY Routine

OUR REF_#_(Order_ID#) Renee

ORDER ENTITY Webgistix Corporation

PLEASE PERFORM THE FOLLOWING SERVICES:
Webgistix Corporation
Please file the attached change of agent.
NOTES:
\$35.00 Authorized
Email address for annual report reminders ARFS@incserv.com
RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052
Please bill the above referenced account for this order.
If you have any questions please contact me at 656-7956,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florid on organized under the laws of the State o or registered agent, or both, in the State o	of Nevada		
		•	,		
The name of the corporation: Webgistix Corporation 2. The principal office address: 500 Amigo Ct, Suite 100 Las Vegas, NV 89119					
3. The mailing a	iddress (if different):				
4. Date of incorp	poration/qualification: $\frac{06/21/201}{1}$	Document number: F19000	0002897		
	I street address of the current regarder. If resigned, enter	gistered agent and registered office on file er resigned)	with the		
	BUSINESS FILINGS INCORPO	DRATED			
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered	office		
	Incorporating Services, Ltd.				
	1540 Glenway Drive		20 i		
	T. II. 17 2220	P O Box NOT acceptable	2021 DEC 1		
	Tallahassee, FL 32301				
		he street address of the business office of	المستخد ويدان		
Such change wa	as authorized by resolution duly or the corporation has	y adopted by its board of directors or by a been notified in writing of the change.	an öfficer so		
Midrael May	wione	Michael Manzione	President.		
I hereby accept I further agree of of my duties, an document is bei	to comply with the provisions o	Printed or typed name an agent and agree to act in this capacity, of all statutes relative to the proper and cost the obligation of my position as registenge in the registered office address, I here change.	omplete performance		
Gent Kent		12/09/2021			
Sig	nature of Registered Agent	Date			
If signing on be	chalf of an entity:				
Renee T. Kent, A	Assistant Secretary				
T	yped or Printed Name				

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