Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000001560 3)))



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Io:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

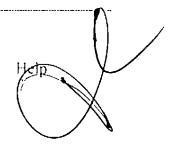
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

REGISTERED AGENT CHANGE BOOST PAYMENT SOLUTIONS, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Name of Corporation	
DOCUMENT NUMBER: F1900003074	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	<u>.</u>
Please return all correspondence concerning this matter to the following:	
Vanessa Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	~
Austin, Texas 78735	D(2)
City/State and Zip Code	2023 JAN - 3
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	PH 12: 34
	. <u>~</u>
Vanessa Castillo	•
Name of Contact Person Area Code & Daytime Telephon	e 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/L3)

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

statement of ch	provisions of sections 607,05 ange is submitted for a corpor	ration organized under the l	aves of the State of _	Delaware
	er to change its registered offi	-	·	
	the corporation: BOOST		<u>.U HONS, IN</u>	1C.
	l office address: 767 Thir	rd Avenue		
	ork, NY 10017			
-	address (if different):	4/0040	E400/	2000074
4. Date of incor	rporation/qualification: 6/24	4/2019 Document	number: F1900	<u> </u>
	d street address of the current attment of State; (If resigned, c		red office on file wi	th the
	BLUMBERGEXCELS	SIOR CORPORATE S	SERVICES INC	;
	155 Office Plaza Drive	1ST	FL	,
	Tallahassee,	FL	32301	
(if changed):		ent Solutions, In za Dr. Suite A		2023 JM1 −3 PF
	Tallahassee	P.O. Box NOF acceptable FL 323	01	PH I2: 3 ^L
The street addr	ess of its registered office and I be identical.	d the street address of the b	usiness office of its	-
	as authorized by resolution d he board, or the corporation l			
/s/ GOR[DON ELLIOT	GORDON	I ELLIOT	COO
I hereby accept I further agree of my duties, ar document is be	t the appointment as registere to comply with the provision ad I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	ed agent and agree to act in of all statutes relative to t cept the obligation of my po- hange in the registered offi his change.	he proper and com sition as registered ce address, I hereb	plete performance Lavent Or if this
	gnature of Registered Agent	1/3/2023	<u>Date</u>	
	chalf of an entity:		Parc	
	. Assistant Secretary			
	Typed or Printed Name			
	* * * [FILING 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)