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	Division of Co	rporations	
	Fax Number	: (850)617-6380	
from:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	SOV 7707
	Account Number	: 120100000062 電流	77
	Phone	: (888)705-7274	$\geq$
	Fax Number	: (888)706-7274	€.
		Art Au a Terra a Art a a	- 1
			_
**Enter	the email addres	s for this business entity to be used for future.	┰
ann	nual report mail	ings. Enter only one email address please.**	Ę
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## REGISTERED AGENT CHANGE THE COMMUNITY COMPANY 745 INC

Certificate of Status	0		
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## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: THE COMMUNITY	Y COMPANY 745 INC
Name of Corporation	
DOCUMENT NUMBER: F190000	03633
<del></del>	d Office/Assert and for any submitted for filling
The enclosed Statement of Change of Registered	-
Please return all correspondence concerning this	s matter to the following:
Joshua Murphy	
Name of Contact Person	<del></del>
Registered Agent Solutions, Inc.	
Firm/Company	<del></del>
Corporate Center One, 5301 Southwest Pkwy, Ste 4	00
Address	
Austin, Texas 78735	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annua	
Joshua Murphy	21, 888 705-7274
Name of Contact Person	at ( 888 ) 705-7274  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 cha	provisions of sections 607.0502, 617 nge is submitted for a corporation o	rganized under the l	aws of the State of	Delaware	
	r to change its registered office or re he corporation: THE COMMUN	•	_	·lorida.	
	office address: 177 Huntington A			on, MA 0	2115
	ddress (if different):				
4. Date of incorp	poration/qualification: 8/7/2019	Documen	t number: F1900	000363	3
	I street address of the current register timent of State: (If resigned, enter resigned)		red office on file wi	ith the	
	BLUMBERGEXCELSIOR C	ORPORATE SE	RVICES, INC.		
	155 OFFICE PLZ DR, 1ST F		- <u>(/,</u> []]	202	
	TALLAHASSEE	FL	32301	- ALL ALL 13/10	2022 AUG - 1
6. The name and (if changed):	fice 355 S.H.	PM 3:			
	155 Office Plaza Dr.	Suite A	\ \	- , <u>;-</u> -	59
	Tallahassee	O. Box NOT acceptable FL 3230	D1	<del></del>	
The street addresses changed will	ess of its registered office and the st be identical.	treet address of the l	business office of it	ts registere	d agent,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board o in notified in writing	f directors or by an g of the change.	officer so	
s Scott	Gerber	Scott Gerb	er	CEO	
I hereby accept I further agree to of my duties, and document is bei	the appointment as registered ages to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this cha	nt and agree to act i statutes relative to e obligation of my p in the registered off inge.	the proper and con osition as registere ice address, I herei	nplete perf d agent. C	formance Or, if this that the
	nature of Registered Agent	8/01/2022	Date		
•	half of an entity:				
	Assistant Secretary				
T	yped or Printed Name				
	* * * FILING	G 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)