(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/Clate/2/p/) Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 537831 8405973
AUTHORIZATION : FINE BLOWER
COST LIMIT : \$/35.00
ORDER DATE: March 1, 2023
ORDER TIME : 10:08 AM
ORDER NO. : 537831-006
CUSTOMER NO: 8405973
CHANGE OF AGENT
NAME: RARESTEP, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland-sorenson

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

tatement of char	rovisions of sections 607.0502, 617. ge is submitted for a corporation or	ganized under the law:	s of the State of $_$	<u>AL</u>	
	to change its registered office or re	gistered agent, or oom	, in the state of Fi	oriaa.	
. The name of th	ne corporation: RARESTEP, INC.		··		
2. The principal of 1900 2ND AVE	office address: N, STE 300 BIRMINGHAM, AL 352	203			
3. The mailing ac	dress (if different):				
4. Date of incorp	oration/qualification: 09/23/2019	Document no	umber: <u>F190000</u>	004586	
5. The name and	street address of the current register ment of State: (If resigned, enter res	red agent and registered signed)	l office on file wit	th the	
	INCORP SERVICES, INC.				
	3458 LAKESHORE DRIVE			20	
	TALLAHASSEE, FL 32312			2023 MAR	
6. The name and (if changed):	street address of the new registered	agent (if changed) and	l /or registered off	tice 1	
	Corporation Service Company			AH IO:	
P.O. Box NOT acceptable					
as changed will					
Such change wa authorized by th	s authorized by resolution duly add to board, or the corporation has been	opted by its board of d en notified in writing o	lirectors or by an of the change.	officer so	
	m The		nathan Sides-CFO		
	re of an officer or director		ed or typed name and ti		
Can Den allen in in	the appointment as registered age to comply with the provisions of alid I am familiar with and accept thing filed merely to reflect a change sheen notified in writing of this changers Servige Company	nt and agree to act in the statutes relative to the obligation of my posion the registered officiange.	inis capacity. e proper and con ition as registere e address, I herei	nplete performance d agent. Or, if this by confirm that the	
By: I Jogo	co Cornole	03/08/20	23 Date		
_	nature of Registered Agent		Duit		
If signing on be	chalf of an entity:				
	Asst. Vice President yped or Printed Name				
	Jpes of a filling country				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (04/13)