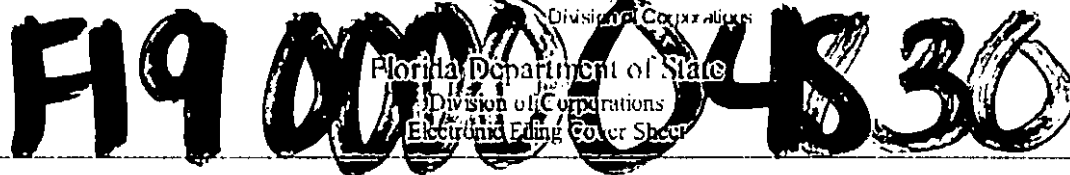


4/5/22, 2:08 PM

From: GFI FaxMaker To: 8506176380 Page: 1/3 Date: 4/5/2022 2:25:28 PM



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

((112200012443333))



H220001244333ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (252) 617-6120

FROM:  
Account Name : DKTGRP SERVICES LLC  
Account Number : 1201200000007  
Phone : (702) 266-2500  
Fax Number : (702) 900-2250

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

Email Address: managedreports@incorp.com

REGISTERED AGENT CHANGE  
ITS PLUS 3, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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RECEIVED

2022 APR -6 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FL

J. HORNE  
APR -7 2022

2022 APR -6 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

H22000124433 3

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ITS PLUS 3, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F19000004830

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:

Amber Ragland

Name of Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. · Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Ragland on behalf of InCorp Services, Inc. at 800-246-2677

Name of Contact Person

Area Code & Daytime Telephone 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 (04/13)

H22000124433 3

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of TX  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ITS PLUS 3, INC.
2. The principal office address: 6220 TRAILWOOD DR., SUITE 200  
Plano, TX 75024
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/14/2019 Document number: F19000004830
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

REGISTERED AGENTS INC.

7901 4Th St N - Ste 300

St. Petersburg, FL 33702

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

InCorp Services, Inc.

17888 67th Court North

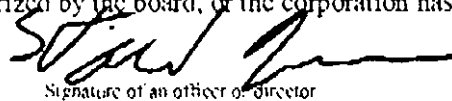
P.O. Box NOT acceptable

Loxahatchee, FL 33470

**FILED**  
**2022 APR -6 AM 8:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

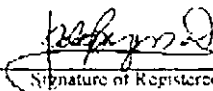
Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

✓   
Signature of an officer or director

Staci Ingram, President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

  
Signature of Registered Agent

April 5, 2022

Date

If signing on behalf of an entity:

Isabel Burgos on behalf of InCorp Services, Inc.

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)