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Division of Corporations Electronic Filing Cover Sheet

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(((H23000410879 3)))



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To:

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. **

[hema	Address:			

REGISTERED AGENT CHANGE SPACEMAKER SYSTEMS INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:

Amendment Section **Division of Corporations**

_{suвјест:} Spacemaker Systen	ns Inc.			
Name of Corporation		- ···-		
DOCUMENT NUMBER: F190000049	808			
The enclosed Statement of Change of Registered Offi	ice/Avent and fe	e are submitted for	— r fiting	
Please return all correspondence concerning this matt	-		· ······g·	
Lori Whalen				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
Corporate Center One, 5301 Southwest Pkwy, Ste 400			202	
Address			30	oste.
Austin, Texas 78735			SEC SEC	00 CT
City/State and Zip Code			2023 DEC - 1	12.23
			AMII: 36	
E-mail address: (to be used for future annual repo	ort notification))		
For further information concerning this matter, please	: call:			
Lori Whalen	at (888	705-7274 ode & Daytime Tel		
Name of Contact Person	Area Co	de & Daytime Tel	ephone 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)

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

statement of cha	•	orporation organized	under the laws of t	98, Florida Statutes, this he State of New Jersey he State of Florida,
1. The name of t	he corporation: Space	maker Systems	s Inc.	
2. The principal	office address: 567 (Ocoee Busines	s Parkway, C	Ocoee, FL 34761
	ddress (if different):			
4. Date of incorp	oration/qualification: 1	0/29/2019	_ Document number	F19000004908
5. The name and	street address of the curtment of State: (If resign	rrent registered agent		
	TRAC-THE RE	GISTERED AC	SENT COMP.	ANY
	236 E. 6TH AVEN	UE		~
	TALLAHASSEE, F	L 32303		023 DE
6. The name and (if changed):	street address of the ne-	w registered agent (if	changed) and /or r	2023 DEC -1 AM 11: 36 ***********************************
	Registered Age	ent Solutions,	Inc.	
	2894 Remingto		n Ln. Ste. A	
	Tallahassee	P.O. Box NO	32308	
The street addre as changed will	ss of its registered offic be identical.	e and the street addr	ess of the business	s office of its registered agent.
Such change wa authorized by th	s authorized by resolute board, or the corpora	ion duly adopted by tion has been notific	its board of directed in writing of the	ors or by an officer so change.
/s/ Jaclyn	Wright	J <u>a</u> c	lyn Wright	Authorized Person
I hereby accept : I further agree to of my duties, and document is bein	the appointment as rev	isions of all statutes d accept the obligati it a change in the rey	ree to act in this c	
Ma	الله روهم	1	2/1/2023	
Sign	nature of Registered Agent		 	Date
If signing on bel	half of an entity:			
Mackenzie Hible	r, Assistant Secretary			
Ту	ped or Printed Name	* * CH INC CUE. (:2£ 00 * * *	

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)