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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.\*\*

Email	Address:		

## REGISTERED AGENT CHANGE COLWEN MANAGEMENT, INC.

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

O 12/06/2023 11:21 AM

TO: Amendment Section Division of Corporations Colwen Management, Inc. Name of Corporation F19000005179 DOCUMENT NUMBER: 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: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen

→ 18506176380

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

Name of Contact Person

Street Address: Amendment Section

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of cha	provisions of sections 607, ange is submitted for a corp or to change its registered (	poration organized	l under the law	s of the State of	New Ham		
<del></del>	the corporation: Colwe		•	i, in the state of t	r Ioriaa.		
<ol> <li>The name of</li> <li>The principal</li> </ol>	office address: 230 COM	MERCE WAY, SU	ITE 200 POR	TSMOUTH, NH	03801		-
3. The mailing a	address (if different):						<u>-</u>
4. Date of incor	poration/qualification: 11	/15/2019	_ Document n	umber: F1900	0005179	}	_
5. The name and	d street address of the curre	ent registered agen					
	TRAC - THE RE	GISTERED	AGENT C	OMPANY			
	236 E. 6TH AVEN	UE			<del>-</del>		
	TALLAHASSEE		FL	32303	VI	2027	
6. The name and (if changed):	d street address of the new			/or registered of	·	707 DFC -6 A	
	<u></u>				- [1].	44 5: H4	
	2894 Remingtor	P.O. Box NO			- 근접 :	<del>_</del>	
	Tallahassee	FL	32308		_		
The street address changed will	ess of its registered office be identical.	and the street add	ress of the bus	siness office of i	ts registered	d agent	•
Such change wa authorized by tl	as authorized by resolution he board, or the corporation	n duly adopted by on has been notific	its board of died in writing o	irectors or by an f the change.	officer so		
/s/ Jaclyr	n Wright	Ja	clyn Wright	d or typed name and I	Authorize	ed Per	son
l further agrée . of my duties, an document is bei	the appointment as regist to comply with the provist ad I am familiar with and ing filed merely to reflect s been notified in writing (	ons of all statutes accept the obligat a change in the re	gree to act in the relative to the ion of my posing gistered office	his capacity, proper and cor tion as registere address, I here	nplete perfa ed agent. O by confirm	ormanc or, if thi that the	e is e
М	مكان	1	2/6/2023				
Sig	mature of Registered Agent			Date			
If signing on be	chalf of an entity:						
Mackenzie Hible	er, Assistant Secretary						
т	yped or Printed Name	- em this eee	eae oo + + -				
	* *	* FILING FEE:	335.00 * * *				