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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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REGISTERED AGENT CHANGE ATTAWAY SERVICES CAROLINA, INC.

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A. BUTLER
APR 25 2022

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

	provisions of sections 607.0502 inge is submitted for a corporat					
in orde	r to change its registered office	or registered agent, o	or both, in the State of F	lorida.		
I. The name of	the corporation: Attaway Ser	vices Carolina, In	c.			
2. The principal	office address:	<u> </u>				_
3. The mailing a	nddress (if different): 6126 Br	ookshire Blvd. U	nit C Charlotte NC	28216		
4. Date of incorp	poration/qualification: 01/07/2	20 Docum	nent number: F20000	000114	1	
	d street address of the current rentment of State: (If resigned, en		istered office on file wi	th the		
	1ST UNITED CRS, LL	С				
	4211 CAPITAL CIRCL	E NW		-		
	TALLAHASSEE, FL 3	2303		, co	2	
6. The name and (if changed):	d street address of the new regis	tered agent (if change	d) and /or registered off	ECRETAL TABLAI	2022 APR	
	Registered Agents In	ic.		37-4	22	i i
	7901 4th St N STE 3	00	·	왕(PH	
	St. Petersburg FL 33	P.O. Box NOT acceptable 702	c		ვ: 35	فعيع
The street addresses changed will	ess of its registered office and be identical.	the street address of the	he business office of its	s registei	red age	:nt,-1
Such change wa authorized by the	as authorized by resolution dul ne board, or the corporation ha	y adopted by its boar s been notified in wri	d of directors or by an ting of the change.	officer s	ο	
Je	sse Varner	j	lesse Varner			
Signatu	re of an officer or director		Printed or typed name and tit			_
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of all am familiar with and acce ing filed merely to reflect a cho s been notified in writing of thi	agent and agree to a of all statutes relative of the obligation of minge in the registered s change.	ct in this capacity. to the proper and comy position as registered office address, I hereb	iplete pei l agent. iy confiri	rforma Or if i n that i	nce this the
Bull		4.	/22/22			
Sig	nature of Registered Agent		Date			-
If signing on be	half of an entity;					
Bill Havre						
T	yped or Printed Name	_				
	* * * FI	LING FEE: \$35.00 *	* * *			

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