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

(((H220002920383)))



H220002920383ABC

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

Email Address:_

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

REGISTERED AGENT CHANGE

RE STRATEGIC CAPITAL B, INC.

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 02

 Estimated Charge
 \$43.75

ECEIVED.

2022 AUG 29 PH 3:

Electronic Filing Menu

Corporate Filing Menu

Help

To:

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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delawate | _ |
|--|--|--|----------------|
| | he corporation: RE STRATEGIC (| registered agent, or both, in the State of Florida. CAPITAL B, INC. | |
| | | | _ |
| 2. The principal | office address: No change | | _ |
| | | | _ _ |
| 4. Dateofincorpo | pration/qualification: 01/30/2020 | Document number: F20000000558 | |
| | street address of the current registment of State: (If resigned, entert | stered agent and registered office on file with the resigned) | |
| | RYAN FURMAN | | |
| | 450 S. ORANGE AVENUE | | 20: |
| | ORLANDO, FL 32801-3336 | > i | 79 A II |
| 6. The name and (ifchanged): | street address of the new register | ed agent (it changed) and for registered office |) o |
| | C T Corporation System | ٠, الب | R X |
| | 1200 South Pine Island Road | FL | |
| | P.O. Box NOT acceptable | | |
| | Plantation, Florida 33324 | | |
| = | | street address of the business office of its registered ager | nt, |
| Such change wa authorized by th | s authorized by resolution duly a e board, or the corporation has b | adopted by its board of directors or by an officer so een notified in writing of the change. | |
| Que | De C | JOE DAVIS, VICE PRESIDENT Printed or typed name and title | |
| Signatui | e of antiviticer or director | Printed or typed name and title | - |
| I further agree to of my duties, an document is held | o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c | gent and agree to act in this capacity. all statutes relative to the proper and complete performan the obligation of my position as registered agent. Or, if the ge in the registered office address, I hereby confirm that to change. | his |
| Mic | Va Hold. | 08/26/2022 | |
| Sign | nture of Registered Agent | Date | - |
| If signing on be | half of an entity: | | |
| Michele Holden, | Asst Sect | | |
| ľy | ped 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)

By: