

9/23/21 9:36 AM

F2000000975
Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 23 AM 10:10

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

Email Address: _____

23 SEP 23 PM 4:08

REGISTERED AGENT CHANGE
STIBO SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SEP 24 2021
S. PRATHER

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

((H21000357203 3)))

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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: STIBO SYSTEMS, INC.
2. The principal office address: 3200 Windy Hill Road, S.E Suite 1200 West, Atlanta, Georgia 30339
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/21/2020 Document number: F20000000975
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)

PARACORP INCORPORATED
155 OFFICE PLAZA DR 1 FLOOR
TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL, US, 33907

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: Jeppe Meulengracht Fogh, Secretary
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: Date: 09/21/2021

If signing on behalf of an entity:

ANNA MANUKYAN
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)

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