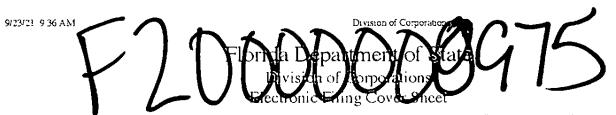
To: 18506176380 From: 12147128131 Date: 09/23/21 Time: 9:38 AM Page: 01/02



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(((H21000357203 3)))



H210003572033ABCX

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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

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

Email Address:\_

## REGISTERED AGENT CHANGE STIBO SYSTEMS, INC.

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

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S. PRATHER

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H21000357203 3)))

statement of cha	provisions of sections 607,0502, 617.0502 nge is submitted for a corporation organic r to change its registered office or register	ed under the laws of the State of		<del></del>	
1. The name of t	he corporation: STIBO SYSTEMS, INC.				
	office address:				_
3200 Windy Hill	Road, S.E Suite 1200 West, Atlanta, Georgi	a 30339			_
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 02/21/2020	Document number: F2000000093	75		_
	street address of the current registered ag tment of State: (If resigned, enter resigned		he		
	PARACORP INCORPORATED		<u>.</u>		
	155 OFFICE PLAZA DR 1 FLOOR		SEGRE	2021 SEP 23	
	TALLAHASSEE, FL 32301		IARY IA9SE	£b 2	T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			TT	3 AM 10:	LED
	LEGALINC CORPORATE SERVICES IN	C.	ATE RIO,	=	
5237 SUMMERLIN COMMONS BLVD, SUITE 400  P.O Box NOT acceptable  FORT MYERS, FL, US, 33907					
The street addre as changed will	ss of its registered office and the street a be identical.	ddress of the business office of its re	gistered	agent.	•
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an offi fied in writing of the change.	icer so		
Jepa M	e of an other or director	Jeppe Meulengracht Fogh, Secretary			
l hereby accept I further agree t of my duties, an document is bet	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.		te perfo zent. Or onfirm t	rmanc , if thi hat the	e \$ ?
$\langle \chi \rangle$	250	09/21/2021			
Sig	nture of Registered Agent	Date			
lf signing on be	half of an entity:				
ANNA MANUK	<del></del>				
Ţ	rped or Frunted 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)