72000001635

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone	= #)			
PICK-UP WAIT	MAIL			
(Business Entity Nar	me)			
(Document Number)				
Certified Copies Certificates	s of Status			
Special Instructions to Filing Officer				





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2021 AUG 20 AM 8: 55 SECRETARY OF STATE TALLAPASSEE, FL

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2021 AUG 20 PM 4: 28

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 970597 8184451					
AUTHORIZATION Spelle man					
COST LIMIT : \$35.00					
ORDER DATE : August 20, 2021					
ORDER TIME : 2:16 PM					
ORDER NO. : 970597-005					
CUSTOMER NO: 8184451					
CHANGE OF AGENT					
NAME TITAN COMON COLUMNONC THE					
NAME: TITAN SCHOOL SOLUTIONS, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation o ir to change its registered office or r	organized under the laws of the	State of DE	this
1. The name of t	the corporation: TITAN SCHOOL SC	OLUTIONS, INC.		
2. The principal		·		
3. The mailing a	address (if different):			
4. Date of incorp	corporation/qualification: 04/01/2020 Document number: F20000001635			
	d street address of the current register tment of State: (If resigned, enter re		on file with the	
	INCORP SERVICES, INC.			
	17888 67 CT N			
	LOXAHATCHEE, FL 33470		ω	20
				2021 AUG 20
	Corporation Service Company		<u>></u> ??	*******
	1201 Hays Street			co
	P	O. Box NOT acceptable		: 55
	Tallahassee	FL 32301		O.
The street addre	ess of its registered office and the s be identical.	street address of the business of	ffice of its registe	ered agent,
Such change wa	as authorized by resolution duly ad ne board, or the corporation has bee	opted by its board of directors en notified in writing of the ch	or by an officer sange.	50
Mic	hael Boch	Michael Boch, CFO		
,	re of an officer or director	Printed or typed	name and title	
corporation nas	the appointment as registered age to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change to been notified in writing of this change Service Company	nt and agree to act in this cape I statutes relative to the proper e obligation of mv position as i in the registered office addres ange.	acity. - and complete pe registered agent. s. I hereby confir	erformance Or, if this om that the
- 'Y' .	ce Cokubi.	04/05/2021		
	nature of Registered Agent	Date	e	
If signing on be	half of an entity:			
	Asst. Vice President			
ly	yped or Printed Name			
	* * * FILING	G 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)