

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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

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Email Address:\_\_\_\_\_

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## REGISTERED AGENT CHANGE DAVIS DEMOGRAPHICS AND PLANNING, INC.

Certificate of Status	0
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To:

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

statement of change is submitted for a co	17,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of California	
in order to change its registered	d office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Davis Do	emographies & Planning, Inc .	
2. The principal office address: 11850 Pth	ERCE STREET #200RIVERSIDE, CA 92505	
3. The mailing address (if different): $\frac{118}{118}$	50 PIERCE STREET #200RIVERSIDE, CA 92505 5/14/2020	
4. Date of incorporation/qualification: 05	5/14/2020 Document number: F20000002223	
5. The name and street address of the cur Florida Department of State: (If resign	rent registered agent and registered office on file with the led, enter resigned)	
NORTHWEST REGISTI	ERED AGENT LLC	
7901 4TH ST N, STE 30	: N	
ST. PETERSBURG, FL.	ST. PETERSBURG, FL 33702  ST. petersburg, FL 33702  E. P. Petersburg, FL 33702	
6. The name and street address of the new (if changed):	w registered agent (if changed) and /or registered office	
C T Corporation System		
1200 South Pine Island R	Road	
<del></del>	P.O. Box NOT acceptable	
Plantation, Florida 33324	<b>1</b>	
The street address of its registered offic as changed will be identical.	e and the street address of the business office of its registered agent,	
Such change was authorized by resoluti authorized by the board, or the corporat	on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change.	
Signature of arrollicer or director	Anthony Trey Traviesa, President and CEO	
I hereby accept the appointment as regi I further agree to comply with the provi of my duties, and I am familiar with an document is being filed merely to reflec corporation has been notified in writing	istered agent and agree to act in this capacity, isions of all statutes relative to the proper and complete performance I accept the obligation of my position as registered agent. Or, if this It a change in the registered office address, I hereby confirm that the	
C T Corporation System /s/ Lisa DuBois	9/21/2022	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Lisa DuBois, Assistant Secreta	ary	
Typed or Printed Name		
*	* * FILING FEE: \$35.00 * * *	
	AYABGE TO FLORIDA DEPARTMENT OF STATE	

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CR2E045 (04/13)

By: