(Requestor's Name)
(Address)
(Address)
(1001030)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Configuration of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer
i i

Office Use Only



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2021 SEP 15 MM 8: 54

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500							
ACCOUNT NO. : I2000000195							
REFERENCE : 957288 8314949							
AUTHORIZATION :							
COST LIMIT : \$ 35.00							
ORDER DATE : August 13, 2021							
ORDER TIME : 2:04 PM							
ORDER NO. : 957288-006							
CUSTOMER NO: 8314949							
CHANGE OF AGENT							
NAME: STREAMYARD, INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXAMINER'S INITIALS:							

CORPORATION SERVICE COMPANY

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

statement of cha	provisions of sections 607,0502, 617,0 nge is submitted for a corporation org r to change its registered office or reg	ganized under	the laws of	the State of DE		· · · · · · · · · · · · · · · · · · ·
1. The name of t	STREAMYARD, INC.	<u>. </u>				
	office address: ERG ST #210 TUALATIN, OR 97062	2	JA-77 A & 91 J.			
	ddress (if different):					
4. Date of incorp	poration/qualification: 12/09/2020	Doci	iment numb	er:F200000055	503 ———	
	I street address of the current registere tment of State: (If resigned, enter resigned)	_	egistered offi	ice on file with th	е	
	NORTHWEST REGISTERED AGE	NT		<i>ပ</i> : - <u></u>	202	
	7901 4TH ST N STE 300			CRET	2021 SEP	6 () (4)
	ST PETERSBURG, FL 33702				2	52.E1.
6. The name and (if changed):	street address of the new registered a	gent (if chang	ged) and /or r	registered office	M 8: 54	
	Corporation Service Company				£	
	1201 Hays Street					
	Tallahassee	Box NOT accepta	FL 323	301		
The street addre	ss of its registered office and the stre be identical.	eet address of	the busines	s office of its reg	istered	agent,
Such change was	s authorized by resolution duly ador te board, or the corporation has been	ted by its boa notified in w	ard of directoriting of the	ors or by an offic change.	er so	
Kelsey Gootnic	k .		Gootnick	Secretary, VI Corporate Co	Ρ,	er
Signature of an officer or director			Printed or ty	ped name and title		
l further agree i of my duties, an document is bei docporation has	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the a ng filed merely to reflect a change in been notified in writing of this chan n Service Company	and agree to tatutes relativ obligation of t the registere ge.	ve to the pro ny position d office add	apacity. per and complet as registered ago ress. I hereby co	e perfo ent. Oi nfirm t	rmance if this hat the
By: VVVC Sign	nature of Registered Agent		09/13/2021	Date		
If signing on be	half of an entity:	\				
Grace E. Kirby,	Asst. Vice President					
Ty	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)