Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

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

| Email | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

REGISTERED AGENT CHANGE I AM ALS, INC.

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

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APR 1 3 2022

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: I AM ALS, INC. Name of Corporation | · |
| DOCUMENT NUMBER: F21000000724 | |
| The enclosed Statement of Change of Registered C | Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this m | natter to the following: |
| JEROME | |
| Name of Contact Person | |
| Firm/Company | |
| 784 S. CLEARWATER LOOP | |
| Address | |
| POST FALLS, ID 83854 | |
| City/State and Zip Code | |
| filings@northwestregisteredag | gent.com |
| E-mail address: (to be used for future annual r | <u> </u> |
| For further information concerning this matter, ple | rase call: |
| JEROME | at (509) 768-2249 Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the De | epartment of State. |
| Mailing Address: Amendment Section | Street Address: Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |

CR2E045 (04/13)

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

| statement of char | nge is submitted j | for a corporation organ | 2, 607.1508, or 617.1508, Florida Si ized under the laws of the State of | ILLINOI | | | |
|---|---|---|--|-------------------------------------|-------------------------------------|--------|--|
| in order | r to change its re | | ered agent, or both, in the State of Fl | 'orida. | | | |
| 1. The name of the corporation: _ | | I AM ALS, INC. | | | | | |
| 2. The principal | office address: | 1140 3rd Street NE | | | | | |
| | <u> </u> | WASHINGTON, DC | | ·· | | _ | |
| 3. The mailing ac | ddress (if differer | nt): 1200 PENNSYLVAI | NIA AVE NW, STE 14135, WASHING | GTON, D | C 20044 | | |
| 4. Date of incorp | | | _ | | | | |
| | | the current registered a fresigned, enter resigned | gent and registered office on file with d) | h the | | | |
| | INCORP SERV | VICES, INC. | | | | | |
| | 17888 67TH C | OURT NORTH | | SECR TAL | 2022 APR 12 | - | |
| | LOXAHATCI | IEE, FL 33470 | | | PR - | G | |
| 6. The name and (if changed): | street address of | the new registered ager | nt (if changed) and /or registered offi | RY OF S | 2 AM 9: | 200 10 | |
| | NORTHEWI | EST REGISTERED AGE | NT, LLC | ΗŢ | ₩ | | |
| | 7901 4TH ST | . N STE 300 | | (F) | 100 | | |
| | | P.O. Box | NOT acceptable | | | | |
| | ST. PETERSI | BURG, FL 33702 | | | | | |
| The street address changed will | ss of its registere be identical. | ed office and the street | address of the business office of its | registere | ed agent | , | |
| Such change wa authorized by th | s authorized by reboard, or the c | resolution duly adopted orporation has been no | by its board of directors or by an elified in writing of the change. | officer so |) | | |
| TANKE MILLER | | | Louia Langheier / Chairman of the Board | | | | |
| | e of an officer or direc | | Printed or typed name and title | c | | | |
| I further agree to of my duties, and document is beir | o comply with th d I am familiar w ng filed merely to | as registered agent and e provisions of all state with and accept the oblict or reflect a change in the writing of this change. | d agree to act in this capacity, ues relative to the proper and comp igation of my position as registered e registered office address, I hereby | olete perj agent, (v confirm | formanc Or, if thi 1 that the | e S | |
| on Glove | | | 04/11/2022 | | | | |
| Sign If signing on bel | nature of Registered Ag | eent | Date | 7 | | | |
| Tom Glover/Man | ager/Northwest Re | egistered Agent LI | | | | | |
| | ped or Printed Name | | | | | | |

* * * FILING FEE: \$35.00 * * *