F21000001217

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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RARCICHS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 465611 8336571

AUTHORIZATION :

COST LIMIT : \$ 357000 Medical

ORDER DATE : February 8, 2022

ORDER TIME : 7:35 PM

ORDER NO. : 465611-005

CUSTOMER NO: 8336571

CHANGE OF AGENT

NAME: REALZIPS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation orga er to change its registered office or regist	nized under the laws of the State of $\frac{D}{}$	ELAWARE
1. The name of	the corporation: REALZIPS INC.		···
2. The principal	office address: 3289 JASMINE HILL RO	DAD TALLAHASSEE, FL 32311	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/03/2021	Document number: F2100000	11217
	d street address of the current registered a rument of State: (If resigned, enter resigne		ı the
	WIDARSSON, FREDRIK		
	3289 JASMINE HILL ROAD		3€; 3€;
	TALLAHASSEE, FL 32311		ALL ALL
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered offic	AHASSE
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box	x NOT acceptable	·
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	registered agent,
Such change was	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an or stiffed in writing of the change.	fficer so
Thed		Fredrik Widarsson	Founder / CEO
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ing filed merely to reflect a change in the been notified in writing of this change. A Service Company	Printed or typed name and title ad agree to act in this capacity, utes relative to the proper and comp igation of my position as registered be registered office address, I hereby	
By: Drace	Zokuby	02/08/2022	
Grace E. K	nature of Registered Agent irby, Asst. Vice President half of an entity:	Date	
T	yped or Printed Name	TT. 03# 00 + + +	
	* * * FILING FE	CE: \$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)