F21000001582

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cı	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
ed Copies	Certificates	of Status
cial Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



200398005502

11/29/22--01001--010 **35.00

2022 NOV 28 PH 3: 05

2022 NOY 28 FH 2: 5

A. BUTLER NOV 29 2022

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TERMINAL, INC.	· · · · · · · · · · · · · · · · · · ·			
				
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	•			
			-	
<u> </u>				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			<u></u>	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			<u> </u>	Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
	- -			Driving Record
Requested by:BA	11/28/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
		-		UCC 11 Retrieval
Walk-In	Will Pick Up		 -	Courier

COVER LETTER

TO:	Amendment Section Division of Corporations		
SHBJI	ECT: TERMINAL, INC.		
Name	ECT: TERMINAL, INC. of Corporation		
DOCU	JMENT NUMBER: F21000001582		
The en	closed Statement of Change of Registered	d Office/Agent and fee	are submitted for filing.
Please	return all correspondence concerning this	matter to the following	ng:
SARA	H ENCINAS		
Name	of Contact Person		
FILJET	TINC.		
Firm/C	Company		
10440	PIONEER BLVD SUITE 8		
Addre	SS		
SANT.	A FE SPRINGS, CA 90670		
City/S	tate and Zip Code		
	REGISTEREDAGENT@FII	LEJET.COM	
E-mai	l address: (to be used for future annua	l report notification)	
For tu	rther information concerning this matter,	please call:	
SARA	H ENCINAS	at (⁹⁴⁹) ²⁵⁹⁻⁵⁹⁵⁵ de & Daytime Telephone Num
	Name of Contact Person	Area Co	de & Daytime Telephone Num

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

statement of ch	nange is submitted for a corporat	2 , 617.0502 , 607.1508 , or 617.1508 , Florida 8 tion organized under the laws of the State of $rac{1}{2}$	DELAWARE
in ora	der to change its registered office	e or registered agent, or both, in the State of F	lorida.
1. The name of	f the corporation: $\underline{\text{TERMINAL}, \mathbb{N}}$	NC.	
	SCO CA 94120	DRIVE, SUITE C3500	
3. The mailing	address (if different):		
4. Date of inco	01582		
	nd street address of the current re artment of State: (If resigned, ent	egistered agent and registered office on file wi ter resigned)	
	CORPORATION SERVICE CO	OMPANY	2022 * : : : :
	1201 HAYS STREET		2022 NOV
	TALLAHASSEE. FL 32301-25		28
6. The name at (if changed)		stered agent (if changed) and /or registered of	S. C.
	FILEJET INC.		_ <u>,</u>
	625 W. TWIGGS ST., STE 110)	
		P.O. Box NOT acceptable	_
	TAMPA, FL 33602-3931		_
The street add as changed wi	ress of its registered office and III be identical.	the street address of the business office of it	s registered agent,
Such change vauthorized by	was authorized by resolution du the board, or the corporation ha	ly adopted by its board of directors or by an as been notified in writing of the change.	officer so
Clay	- Lellonez	CLAY KELLOGG, CEO	
Sigh	nure of an officer or director	Printed or typed name and ti	
I hereby accept a further agree of my duties, a document is be corporation h	of the appointment as registered to comply with the provisions and I am familiar with and acceeing filed merely to reflect a chas been notified in writing of the	l agent and agree to act in this capacity, of all statutes relative to the proper and compt the obligation of my position as registere ange in the registered office address, I here is change.	nplete performance d agent. Or, if this by confirm that the
	4.0-	11/18/2022	
	nghalthe was gistered Ages.	Date	
If signing on I	behalf of an entity:		
ANDREW WI			
	Typed or Printed Name		

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