F21000001849

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A. BUTLER
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COVER LETTER

TO:

Amendment Section Division of Corporations

CUR TO OTE REPLICANT SOLUTIONS INC			
SUBJECT: REPLICANT SOLUTIONS, INC. Name of Corporation			
DOCUMENT NUMBER: F21000001849			
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
SARAH ENCINAS			
Name of Contact Person	-		
FILEJET INC.			
Firm/Company			
10440 PIONEER BLVD SUITE 8			
Address			
SANTA FE SPRINGS, CA 90670			
City/State and Zip Code	-		
REGISTEREDAGENT@FIL	EJET.COM		
E-mail address: (to be used for future annua	report notification)		
For further information concerning this matter, p	please call:		
SARAH ENCINAS	at () 259-5955 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	Department of State.		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section 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 cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617 inge is submitted for a corporation organized under the laws or to change its registered office or registered agent, or both,	of the State of D	ELAW.		
	the corporation: REPLICANT SOLUTIONS, INC.	, and the second			
2. The principal	office address: LETTERMAN DR., STE, C3500				
	address (if different):	<u> </u>			
	poration/qualification: 04/02/2021 Document nu		1849		
5. The name and	d street address of the current registered agent and registered attment of State: (If resigned, enter resigned)				
·	CORPORATION SERVICE COMPANY				
	1201 HAYS STREET	191.4			
	TALLAHASSEE, FL 32301-2525		. 13	2022 NOY	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /	or registered offi	ce	15 ki	4
	FILEJET INC.				
	625 E. TWIGGS ST., STE 110		101 min	9: 2	"bas
	P.O. Box NOT acceptable	7.11	,	9	
	TAMPA, FL 33602-3931				
_	ess of its registered office and the street address of the business authorized by resolution duly adopted by its board of dir				ent,
authorized by th	as authorized by resolution duly adopted by its board of dir ne board, or the corporation has been notified in writing of	the change.	/IIICCI 3	,0	
_ &frd	GADI SHAMIA C				
I hereby accept	the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the day of all statutes relative to the day of all statutes and accept the obligation of my position of the registered office of the position of the registered office of the position of this change.	or typed name and title is capacity, proper and comp on as registered address, I hereby		rforma Or, if m thát	ance this the
6	0				
Sh	nedure of National Agent	Date		- 	_
If signing on be	half of an entity:				
ANDREW WHI	те				
T'	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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