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(R	Requestor's Name)
(A	(ddress)
(A	(ddress)
(C	City/State/Zip/Phone #)
	WAIT MAIL
(Ē	Business Entity Name)
(C	Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO.	: 12000000195	
REFERENCE	: 090964 8385628	
AUTHORIZATION	: Somethe man	
COST LIMIT	: \$ 35.00	

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ORDER DATE : November 1, 2022

ORDER TIME : 5:15 PM

ORDER NO. : 090964-010

CUSTOMER NO: 8385628

CHANGE OF AGENT

· .

NAME: TRACTION GUEST CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the	ne corporation: TRAC	TION GUEST CORP.				
2. The principal	office address: 150 2n	d Ave N Ste 1540				
Saint Petersburg						
3. The mailing ad	dress (if different):					
4. Date of incorporation/qualification: 08/03/2021 Document number: F2					04409	
	street address of the c ment of State: (If resi	urrent registered agent gned, enter resigned)	and registered offic	e on file wi	th the	
	REGISTERED AGE	NT SOLUTIONS, INC.			-	
	155 OFFICE PLAZA	-				
	TALLAHASSEE		FL 323	01	202	
6. The name and (if changed):	street address of the r	ew registered agent (if	changed) and /or re	gistered of	2022 NON -2	
	Corporation Service]		
	1201 Hays Street	P.O. Box NOT			AN 9:13	سيد. نويدا
	Tallahassee		FL 3230	D1	-	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Shannon Lyces Signature of an officer or director

Shannon Ayers, CFO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

Bγ gnature of Registered Agent

11/01/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst Vice President

Typed 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