Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

ä

\*\*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 800 JEFFCO CORP.

Certificate of Status	0
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## . COVER LETTER

TO:

Amendment Section **Division of Corporations** 

SUBJECT: 800 JEFFCO CORP.	
Name of Corporation	
DOCUMENT NUMBER: F2100004981	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	for filing.

Please return all correspondence concerning this matter to the following:

Joshua Murphy	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	

## Joshua Murphy

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** 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

CR2E045 (04/13)

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

tatement of cha	provisions of sections 607.0502, 617. inge is submitted for a corporation or ir to change its registered office or re	ganized u	nder the la	ws of the State of	New York
I. The name of t	the corporation: 800 JEFFCO Coffice address: 35 CROOKED	ORP.			
-	ddress (if different):				
1. Date of incorp	poration/qualification: 8/27/2021	<del>-</del>	Document	number: F2100	00004981
	I street address of the current register timent of State: (If resigned, enter res	_	nd register	ed office on file v	vith the
	BLUMBERG EXCELSIOR C	ORPOR	ASTE SI	ERVICES INC	
	155 OFFICE PLAZA DR 1 FL	_			_
	TALLAHASSEE		FL	32301	<del></del>
6. The name and (if changed):	street address of the new registered Registered Agent Solut		<b>J</b> ,	d /or registered o	<del>-</del>
	155 Office Plaza Dr.		Suite A		2022
	Tallahassee	FL	acceptable 3230	1	
The street addresses changed will	ess of its registered office and the stube identical.	reet addre	ss of the bi	usiness office of	
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by it n notified	s board of in writing	directors or by as of the change.	n officer so 🤼 🔀
	ew Geyer	Mat	thew Ge	yer	Authorized Person
hereby accept further agree of my duties, an locument is bei corporation has	re of an officer or director the appointment as registered agen to comply with the provisions of all id I am familiar with and accept the ng filed merely to reflect a change i s been notified in writing of this cha	statuteš ro obligatio n the regi	e to act in	ited or typed name and this capacity, he proper and co sition as register, se address, I here	
Hocken	zindt	06	/15/202	2	
Sig	nature of Registered Agent	-		Date	
lf signing on be	half of an entity:				
	Assistant Secretary				
T	yped or Printed Name	* ECF. 61	E 00 + + +		
	* * * FILING	rree:33	1.3.UU " " "		

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

11220000200012