

F21000005135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

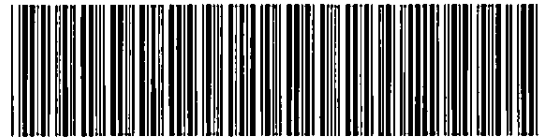
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA & RO change

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2023 MAY 10 PM 12 06
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TALLAHASSEE, FLORIDA

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A. RAMSEY

MAY 11 2023

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/10/23

NAME: WAGSTAFF INC

TYPE OF FILING: CHANGE OF RA

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WAGSTAFF, INC.
Name of Corporation

DOCUMENT NUMBER: F21000005135

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:

JONATHAN PORTER

Name of Contact Person

ADVANCED CORP AGENTS

Firm/Company

30 N LASALLE ST STE 1510

Address

CHICAGO, IL 60602

City/State and Zip Code

RA@ADVANCEDCORPAGENTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Porter

at (312) 929-3000
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

**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 Washington in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WAGSTAFF, INC.
2. The principal office address: 3910 N. Flora Rd., Spokane Valley, WA 99216
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/03/2021 Document number: F21000005135
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CITICORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and for registered office (if changed).

Florida Filing & Search Services, Inc

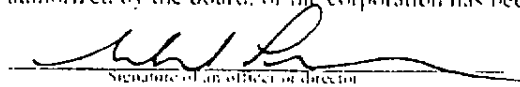
155 Office Plaza Drive

P.O. Box 804, Tallahassee

Tallahassee, FL 32301

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

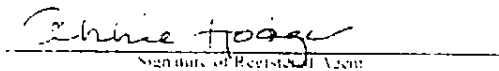
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michael R. Person, Secretary

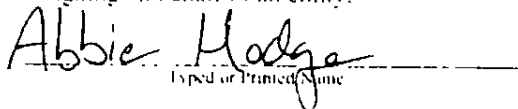
Printed or typed name and title

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, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

5/9/23
Date

If signing on behalf of an entity:


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
CR2E045 004 131

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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