

| To:   |   | L'AND          |
|-------|---|----------------|
|       | Division of Corporations                      | 1 10           |
|       | Fax Number : (850)617-6380                    |                |
| From: |   | ASS AL         |
|       | Account Name : REGISTERED AGENT SOLUTIONS INC | (TT ) <b>T</b> |
|       | Account Number : I2010000062                  |                |
|       | Phone : (888)705-7274                         | <u> </u>       |
|       | Fax Number : (888)706-7274                    | $\omega$       |

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| PH 2: 2  | REGISTERED AGE<br>CIRC, IN |         |
|--|----------------------------|---------|
|  | Certificate of Status      | 0       |
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|  | Page Count                 | 01      |
|  | Estimated Charge           | \$35.00 |

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TALL AHASSEE FL

### **COVER LETTER**

TO: Amendment Section Division of Corporations

Circ, Inc. SUBJECT: Name of Corporation **DOCUMENT NUMBER:** 

# F2100006773

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:

## Marv Castillo 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:

| Mary Castillo          | at (      | , 705-7274                 |
|------------------------|-----------|----------------------------|
| 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)

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### 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 corporation: Circ, In   | С.                     | _            |                     |          |                            |  |
|---|---|------------------------|--------------|---------------------|----------|----------------------------|--|
|   | l office address: <u>660 Ke</u>                                   |                        | Danv         | ille, VA 24         | 540      |                            |  |
| -   | address (if different):   | · ····                 |              | <u></u>             |          |                            |  |
| 4. Date of incor                                  | poration/qualification: <u>11/</u>                                | 29/2021 I              | Document     | number: <u>F21(</u> | 00006773 | }                          |  |
|   | d street address of the curren<br>artment of State: (If resigned, |                        | nd registere | ed office on file v | with the |                            |  |
|   | Incorporating   | Services,              | Ltd.         |                     |          |                            |  |
|   | 1540 Glenway Drive  |                        |              |                     |          |                            |  |
|   | Tallahassee   |                        | FL           | 32301               | I NUL    | 2<br>2<br>2<br>2<br>7<br>7 |  |
| <ol> <li>The name an<br/>(if changed):</li> </ol> | d street address of the new re                                    | egistered agent (if ch | nanged) an   | d /or registered o  | P        |                            |  |
|   | Registered Agent Solutions, Inc.                                  |                        |              |                     | SEE      |                            |  |
|   | 2894 Remington Green Ln. Ste. A                                   |                        |              |                     |          |                            |  |
|   | Tallahassee   | P.O. Box NOT ac<br>FL  | 3230         | )8                  |          | -                          |  |

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.

Is/ Christopher Austin Signature of an officer or director

Christopher Austin Secretary Printed or typed name and litle

Date

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.

03/07/2024

Signature of Registered Agent

If signing on behalf of an entity:

Mackenzie Hibler, Assistant Secretary

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 (04/13)