Division of Corporations

Flavida Departition of State Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6380					
From:	Account Name : C T CORPORATIO					
	Account Number: FCA000000023 Phone: (954)208-0845 Fax Number: (614)573-3996					
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Electronic Filing Menu

Corporate Filing Menu

Help

To:

By:

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

statement of char	nge is submitted for a corporation orgo	i02, 607.1508, or 617.1508, Florida Statutes, this mized under the laws of the State of Oregon stered agent, or both, in the State of Florida.
1. The name of t	he corporation: CONSOR NORTH AM	ERICA, INC.
2. The principal	he corporation: CONSOR NORTH AM office address: 888 SW 5TH AVENUE.	SUITE 1170
	PORTLAND, OR 97204	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 02/24/2022	Document number: F22000001146
	I street address of the current registered tment of State: (If resigned, enterresign UNISEARCH, INC.	agent and registered office on file with the ned)
	1990 MAIN STREET STE. 750- SARASOTA, FL 34236	709
6. The name and (ifchanged):	street address of the new registered ag C T Corporation	ent (if changed) and /or registered office SECRETARY SYSTEM
	1200 South Pine Island Road Plantation, Florida 33324 P.O.E	kov NOT acceptable
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
Omis: Bell		DENISE BELL, SECRETARY
I hereby accept I further agree t of my duties, an document is bein corporation has	d I am familiar with and accept the ob ny filed merely to reflect a change in t been notified in writing of this chang	Printed or typed name and title and agree to act in this capacity. Itutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the e.
C T Corporation	Danise Bell	11/9/2022
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
De	nise Bell, Assistant Secretary	
Гу	<pre>sped or Printed Name * * * FILING F</pre>	FEE: \$35.00 * * *