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.

(((H250000941013)))



H250000941013ABCW

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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

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 RPS AMERICA INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: RPS AMERICA INC	.
Name of Corporation	
DOCUMENT NUMBER: F23000000	051
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma-	iter to the following:
Jessica Wittry	C C C C C C C C C C C C C C C C C C C
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 rep	port notification)
For further information concerning this matter, pleas	se call:
Jessica Wittry	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	artment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607,050 unge is submitted for a corpora er to change its registered offic	tion organized	under the la	iws of the State o	<u> Delaware</u>
	the corporation: RPS AME	Ü			, , , , , , , , , , , , , , , , , , , ,
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 12/15	/2022	_ Document	number: F230	00000051
5. The name and	d street address of the current re rtiment of State: (If resigned, en	egistered agent			
	GALGANO, CINC	TTI			<i>د</i> ہ
	66 W FLAGLER ST ST	E 1002			- Not
	MIAMI		FL	33130	一点多了
6. The name and (if changed):	d street address of the new regi		-	nd /or registered	office office
	2894 Remington G	reen Ln.	Ste. A		
	Tallahassee	P.O. Box NO FL	Facceptable 3230	8	
-	ess of its registered office and be identical.				
Such change wa authorized by the	as authorized by resolution du he board, or the corporation h	as been notifie	d in writing	of the change.	in officer so
	rd Kwiatkowski	Ed		iatkowski	Authorized Person
l hereby accept l further agree of my duties, ar document is bei	ire of an officet of director the appointment as registered to comply with the provisions ad I am familiar with and acce ing filed merely to reflect a ch s been notified in writing of th	of all statutes pt the obligati ange in the res	ree to act ii	nted or typed name and this capacity, the proper and consition as registe ce address, I her	
M	معنظا	0	3/12/202	:5	
Sig	gnature of Registered Agent		• •	Date	
lf signing on be	chalf of an entity:				
Mackenzie Hible	er, Assistant Secretary				
Ť	yped or Printed Name *** F	LING 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)