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(((H23000263284 3)))



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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

: CAPITOL CORPORATE SERVICES, INC. Account Name

Account Number : I20160000048 Phone : (800)345-4647 : (800)432-3622 Fax Number

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

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## REGISTERED AGENT CHANGE GUESS & CO. CORPORATION MANAGEMENT GROUP, INC.

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## (((H23000263284 3)))

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

	rovisions of sections 607.0502, 617.0502, age is submitted for a corporation organize		
	to change its registered office or registere	-	
I. The name of th	no corporation: GUESS & CO. CORI	PORATION MANA	AGEMENT GROUP, INC
	office address: 6130 SPRINT PKWY S		<u> </u>
	ARK, KS 66211	·	
3. The mailing ad	ldress (if different):		<del></del>
<del>-</del>	oration/qualification: 3/2/2023	Document number:	F23000001255
5. The name and	street address of the current registered ages ment of State: (If resigned, enter resigned)	nt and registered office	on file with the
_	LEGALINC CORPORATE SERVICE	S INC.	
_	476 RIVERSIDE AVE		
<u>-</u>	JACKSONVILLE, FL 32202		
6. The name and (if changed):	street address of the new registered agent (	if changed) and /or reg	istered office
	Capitol Corporate Services, Inc.	<u>-</u>	<del> </del>
<u>.</u>	515 East Park Avenue 2nd Fl		<del></del>
,	P.O. Box No Tallahassee, FL 32301	UT ecceptable	
The street address as changed will b	s of its registered office and the street ad	dress of the business o	ffice of its registered agent,
Such change was authorized by the	authorized by resolution duly adopted by board, or the corporation has been notifi	y its board of directors ed in writing of the ch	or by an officer so lange.
Jerr	y D. Guss	Jerry D. Guess	, President
•			
I hereby accept to I further agree to of my duties, and document is bein corporation has l	he appointment as registered agent and a comply with the provisions of all statute I am familiar with and accept the obligu g filed merely to reflect a change in the n been notified in writing of this change.	gree to act in this cap is relative to the prope tion of my position as agistered office addres	acity, r and complete performance registered agent. Or, if this s, I hereby confirm that the
3	Byelenki'	7/28/2023	
Signa	thire of Registernal Agent	De	*
If signing on beh	alf of an entity:		
	Assistant Secretary on behalf of Cap	itol Corporate Servi	ces, Inc.
179	* * * FILING FEE:	\$35.00 * * *	
	MAKE CHECKS PAYABLE TO FLORE		TATR

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