F96000001361

(Re	equestor's Name)			
(Ad	dress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Fidelity Technologies Corporation Name of Corporation	
DOCUMENT NUMBER: F96000001361	
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:
Karen Meschke	
Name of Contact Person	
Fidelity Technologies Corporation	
Firm/Company	
2501 Kutztown Rd	
Address	·
Reading, PA 19605	
City/State and Zip Code	
meschkek@fidelitytech.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	lease call:
Karen Meschke	at (610) 929-3330 Ext. 106
Name of Contact Person	at (610) 929-3330 Ext. 106 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	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)

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

rursuant to the statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stanage is submitted for a corporation organized under the laws of the State of $\frac{P}{r}$	atutes, this
in ord	der to change its registered office or registered agent, or both, in the State of Flo	orida.
	f the corporation: Fidelity Technologies Corporation	
	el office address: 2501 Kutztown Rd, Reading, PA 19605	
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 12/21/1987 Document number: 1008238	
5. The name an	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	the
	Charles Jaqueth - resigned	
	1018 Blue Jack Oak Dr	
	Oviedo, FL 32765	
6. The name and (if changed):	ed street address of the new registered agent (if changed) and /or registered office	202 S. S. T.A.I.
	Robert Wise III	2021 JUN SECRET
	231 Brittany Ave	
ı	P.O. Box NOT acceptable	## - • (
	Port Orange, FL 32127	
The street address changed will	ess of its registered office and the street address of the business office of its re I be identical.	gistered agent
Such change wa authorized by ti	as authorized by resolution duly adopted by its board of directors or by an off he board, or the corporation has been notified in writing of the change.	icer so
_	Prinched Gyl Liv VP Fine Printed or typed name and title	
l hereby accept I further agree t of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comple nd I am familiar with and accept the obligation of my position as registered a ting filed merely to reflect a change in the registered office address, I hereby of s been notified in writing of this change.	ete performance gent. Or, if this confirm that the
P	5/13/21	
Sign	piature of Registered Agent Date	
f signing on be	chalf of an entity:	
Robert C	yped or Printed Name	

* * * FILING FEE: \$35.00 * * *