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.

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	NOT hit the REFRESH/RELOAD but Doing so will generate anoth		this page.
	Division of Corporations Fax Number : (850)617-6380  Account Name : REGISTERED AGENT Account Number : I201000000062 Phone : (888)705-7274 Fax Number : (888)706-7274  the email address for this business unual report mailings. Enter only on	s entity to be used for	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

15129570210

Name of Corporation

DOCUMENT NUMBER: F97000004796

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:

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

Name of Contact Person

at ( 888 ) 705-7274

Area Code & Daytime Telephone Number

Name of Condition 1 Condition

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15129570210

## H1900 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

**BOTH FOR CORPORATIONS** 

statement of cha	provisions of sections 607.0 inge is submitted for a corpo ir to change its registered of	oration organized un	der the laws of	the State of Del	aware	
1. The name of t	the corporation: WARW	ICK GROUP	II, INC.			
	office address: 87TH MA			V CANAAN, C	CT 06840	
•	address (if different): 2500 NDO, FL 32751	0 Maitland C	enter Par	kway, Suit	e 250	
4. Date of incorp	poration/qualification: 9/1	5/1997 r	Ocument numb	ber. F970000	004796	
5. The name and	d street address of the current rtment of State: (If resigned, TERRI SENK) 2500 MAITLAND CENTER PA	nt registered agent ar enter resigned)	d registered of	fice on file with th	ie	
	ORLANDO		FL 3	2751	<b>201</b> SE IALI	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.						
	155 Office Pla	IZA Dr. S	Suite A		AMII: 1	
	Tallahassee	FL	32301	<del></del>	<b>∑</b>	
The street address changed will	ess of its registered office a be identical.	nd the street address	s of the busines	ss office of its reg	istered agent,	
Such change wa authorized by the	as authorized by resolution he board, or the corporation	duly adopted by its has been notified i	board of direct writing of the	ors or by an office change.	er so	
151 Mark 1	Kozak re of an officer or director	<u>Ma</u>	rk Kozak	Poed name and title	resident	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registe to comply with the provisio my duties, and I am familic is document is being filed n that the corporation has be	ar with and accept t nerely to reflect a cl	to act in this of ative to the pro- he obligation of hange in the re	capacity. oper and complete of my position as r gistered office add	registered	
<u> Moder</u>	maker of Registered Agent	12/	17/2019	Date		
If signing on be	half of an entity:					
	Hart - Assistant Secre	etary				
T	yped or Printed Name					

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