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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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

REGISTERED AGENT CHANGE SOUTHERN COMPUTER WAREHOUSE, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. SOUTHERN COMPUTER WAREHOUSE, INC.

Name of Corporation

DOCUMENT NUMBER: F98000000892

4

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

.888 \70

Name of Contact Person

Area Code & Daytime Telephone Number

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

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of	GEORGIA	
		egistered agent, or both, in the State of		
		N COMPUTER WAREH		_
2. The principal	office address: 1395 So Mar	ietta Pkwy, Bldg 300, Suit	<u>e 106</u>	_
Marietta	ı, GA	30067		_
3. The mailing a	ddress (if different):	**************************************		_
4. Date of incorp	poration/qualification: 02/16/1	998 Document number: F98	000000892	
	street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file was igned)	vith the	
	CORPORATION SEI	RVICE COMPANY	_	
	1201 HAYS STREET	<u></u>	_	
	TALLAHASSEE, FL	32301-2525	· (0 6)	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered o	ZOIB OCT	7
	Registered Agent Solution	ns, Inc.	- 12 - 12	
	155 Office Plaza Dr., Suit	· · · · · · · · · · · · · · · · · · ·	SEP ₹	
	Tallahassee, FL 32301	NOT acceptable	PA T	H
The street addre as changed will	ss of its registered office and the si be identical.	treet address of the business office of i	ts registered agent,	
Such change wa authorized by th	s authorized by resolution duly add the board, or the corporation has been	opted by its board of directors or by an in notified in writing of the change.	officer so	
S/ Starr Brea		Starr Brown	President	
l hereby accept I further agree to performance of agent. Or. if the	o comply with the provisions of all my duties, and I am familiar with a	Printed or typed name and it and agree to act in this capacity. I statutes relative to the proper and con and accept the obligation of my position of reflect a change in the registered officied in writing of this change. 09/17/2018	mplete on as registered	
Sign	ature of Registered Agent	Date		
If signing on be	ha)f of an entity:			
Justine Karn	ell - Assistant Secretary			
T	ped or Printed Name			

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