Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

from:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 BRINK'S ADMINISTRATIVE SERVICES INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Delaware	
_		r registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Brink's Administr	ative Services Inc.	
2. The principal	office address: 1801 Bayberry Cou	rt, Richmond, VA 23226	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/20/1988	Document number: F198000006393	
5. The name and		stered agent and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO.	AD	
	PLANTATION, FL 33324		20
6. The name and (if changed):	I street address of the new register	red agent (if changed) and for registered office	21,
	United Agent Group Inc.		·-
	801 US Highway I		:
		P.O. Box NOT acceptable	
	North Palm Beach, FL 33408		6.1
The street address changed will Such changed was authorized by the	ess of its registered office and the be identical. Is authorized by resolution duly the board or the corporation has b	estreet address of the business office of its registered a adopted by its board of directors or by an officer so seen notified in writing of the change.	gent,
1		Tasha Edwards, Attorney-in-Fact	
Signatur I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered as occupily with the provisions of d I am familiar with and accept ny filed merely to reflect a chang been notified in writing of this c	Printed or typed name and little gent and agree to act in this capacity. all statutes relative to the proper and complete perform the obligation of my position as registered agent. Or ge in the registered office address, I hereby confirm the change.	nance if this at the
1	<i>y</i>	03/24/2023	
1	half of an entity:	Date	
	Special Secretary	_	
T	yped or Printed Name		

* * * FILING 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)