F99000002029

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2025 JAN 21 PM 12: 32

CSC - Tallahassee
CSC 1'201 Hays Street
Tallahassee El 3230

Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563
Date: 01/21/25
Order #: 1763871-1
Re: OPEX Corporation
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35 - FL State Account Number: I2000000195

We was

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation or r to change its registered office or req	ganized under the laws o	of the State of		
1. The name of t	he corporation: OPEX BUSINESS M	ACHINES CORPORAT	ION		
2. The principal					
3. The mailing a	ddress (if different):				
4. Date of incom	poration/qualification: 04/20/1999	Document nun	nber: <u>F99000002</u>	2029	
	street address of the current registere tment of State: (If resigned, enter resi		office on file with	the	
	NRAI SERVICES, INC			15 H	
	1200 South Pine Island Road			22	
	Plantation	FL 3	33324	2	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /c	or registered office	FILE DAIS 32	
	Corporation Service Company				
	1201 Hays Street				
	Tallahassee). Box NOT acceptable FL 3	32301		
The street addre	ess of its registered office and the str be identical.	reet address of the busin	ess office of its re	egistered agent,	
Such change wa authorized by th	is authorized by resolution duly ado board, or the corporation has been	pted by its board of dire i notified in writing of t	ectors or by an off he change.	Teer so	
/S/ Mark Stev	ens	Mark Stevens		Secretary	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent the appointment as registered agent to comply with the provisions of all to d I am familiar with and accept the ing filed merely to reflect a change it been notified in writing of this chair n Service Company	t and agree to act in thi. statutes relative to the p obligation of my positic n the registered office a	o typed name and title s capacity, proper and complo on as registered a ddress, I hereby d	ete performance gent. Or, if this confirm that the	
By: I M	nature of Registered Agent	01/13/2025	Date		
If signing on be	half of an entity:				
	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)