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.

(((H23000039290 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future $^{n}\odot$ annual report mailings. Enter only one email address please.

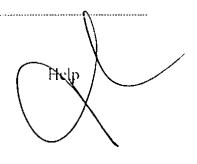
Email Address:____

REGISTERED AGENT CHANGE MICRO TYPING SYSTEMS, INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

MICRO TYPING SYSTEMS, INC.

Name of Corporation

DOCUMENT NUMBER: K51093

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:

Treate form an extrapolation extraor to the			
Mary Castillo			
Name of Contact Person			
Registered Agent Solutions, Inc.			
Firm/Company	,,		
Corporate Center One, 5301 Southwest Pkwy, Ste 400			
Address			
Austin, Texas 78735			
City/State and Zip Code			202
			73F
E-mail address: (to be used for future annual report noti	fication)		2023 FEB
			型: 1
For further information concerning this matter, please call:			. UF
Mary Castillo	888	,705-7274	8:L 5.FA E.FL

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

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number 6

CR2E045 (04/13)

15129570210

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

statement of cha	provisions of sections 607,0502, 617.0 inge is submitted for a corporation org or to change its registered office or reg	ganized under the la	nvs of the State of _	Florida		
2. The principal	office address: 1295 SOUTH	WEST, 29		E		
	iddress (if different):					
4. Date of incorp	poration/qualification: 12/13/19	88Document	number: K510	93		
	I street address of the current registere tment of State: (If resigned, enter resigned CT CORPORATIO	gned) N SYSTE		th the		
	1200 SOUTH PINE ISLAND F	ROAD		_		
	PLANTATION	FL	33324	2023		
PLANTATION FL 33324 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 Plaza Dr. Suite A						
		FL 323	01	- 14E - 5		
The street address changed will	ess of its registered office and the stre be identical.	eet address of the b	usiness office of it	s registered agent.		
	is authorized by resolution duly adop ne board, or the corporation has been					
1st Phillip!		Phillip S. /		Secretary		
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan	and agree to act in tatutes relative to to obligation of my po- the registered office	he proper and com sition as registered	iplete performance Lagent. Or, if this		
Ма	مع الله المعالمة الم	01/30/20)23			
Sign	nature of Registered Agent		Date			
If signing on be	half of an entity:					
	r, Assistant Secretary					
T	sped or Printed Name * * * FILING	FFF · \$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)