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Division of Corporations Fax Number

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: (850)617-6380

: WINDERWEEDLE, HAINES, WARD & WOODMAN, P Account Name

Account Number : 076077002775 : (407)760-4670 Fax Number : (407)951-8209

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

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REGISTERED AGENT CHANGE OS COMPLEX, INC.

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APR - 8 2021

D COMNEL!

Corporate Filing Menu

Help

(2)

Electronic Filing Menu

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

	er to change its registered office of	n organized under the laws of the State of _i r registered agent, or both, in the State of Fl		
1. The name of	the corporation: OS COMPLEX.			
2. The principal	l office address: 901 Highland Av	enue, Orlando. Florida 32803		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/18/200	Document number: N0800000)8748	
5. The name and Florida Depar	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file with resigned)	h the	
	James W. Bartlett		APR T	
	901 Highland Avenue			
	Orlando, Florida 32803			
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	() 3: 52	
	WHWW, Inc.		*	
	329 Park Avenue North, Second Floor			
	Winter Park, Florida 32789	P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and the local being the local the local three descriptions.	e street address of the business office of its	registered agent,	
Such change wa authorized by th	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an obeen notified in writing of the change.	officer so	
Junes ?	Buttett	James W. Bartlett, Authorized Repre	esentative	
-	re of an officer or director	Printed or typed name and title		
l hereby accept l further agree l of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of i nd I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change.	plete performance agent. Or, if this confirm that the	
M Dobo	wah fricke	April 7, 2021		
Şig	parture of Registered Agent	Date		
If signing on be	half of an entity:			
Deborah Fricke,	Vice President			
T	yped or Printed Name	-		
	* * * FILI	NG 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)