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.

(((H23000173137 3)))



H230001731373ABC.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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

C 1	Addrace:			

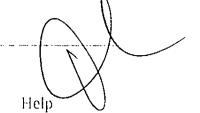
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## REGISTERED AGENT CHANGE ACE CHARITABLE LEGAL SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

statement of cha	, mge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida S a organized under the laws of the State of $\frac{r}{2}$ registered agent, or both, in the State of F	Florida			
1. The name of t	the corporation: ACE CHARITA	ABLE LEGAL SERVICES, INC.				
	office address: 7901 4th St N S					
3. The mailing a	address (it different): 7901 4th S	St N STE 300 St. Petersburg FL 33	3702			
	poration/qualification: 06/04/18					
5. The name and		tered agent and registered office on file wi	th the			
	REDER, RANDALL O					
	1319 W. FLETCHER AVE					
	TAMPA, FL 33612-331	0	187			
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered of)	2023 HAY -9			
	Registered Agents Inc		<b>→</b> #			
	7901 4th St N STE 300	)	SSEE S			
	St. Petersburg FL 3370	P.O. Box, NO Facceptable  2	74E			
The street addre	ess of its registered office and the be identical.	street address of the business office of its	s registered agent.			
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so			
	dell Reduc	Randall Reder - Directo				
l hereby accept I further agree t of my duties, an document is bei	to of an officer or director  the appointment as registered ag  to comply with the provisions of a  d I am familiar with and accept to  ng filed merely to reflect a chang  been notified in writing of this ci	Printed or typed name and tit ent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered e in the registered office address, I hereb hunge.				
David Rivers		05/09/2023				
Sign	nature of Registered Agent	Date				
If signing on be	half of an entity:					
David Robe						
Ty	yped or Printed Name * * * FILLI?	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 (64/13)