

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

*Enter	the	email	address	for	this	busin	ess	entity	to be	used	for	futur
ar	nual	repor	t mailin	gs.	Enter	only	one	email	addres	s ple	ase.	* *

## REGISTERED AGENT CHANGE POINCIANA OFFICE/INDUSTRIAL PARK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

A. LUXT

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: POINCIANA OFFICE/INDUST	RIAL PARK, INC.
Name of Corporation	
DOCUMENT NUMBER: N23560	
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:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	<del></del>
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	all:
Mary Castillo	at (888 ) 7 05-7 27 4
Name of Contact Person	Area Code & Daytime Telephone Number

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 Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

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

statement of ch	e provisions of sections 607.0502 aange is submitted for a corporat der to change its registered office	ion organized	under the laws of the State of	FLORIDA	
	are corporation.		/INDUSTRIAL PARK,	INC.	
2. The principa SCOTTSDAL	al office address: 4900 NORTH E, AZ 85251	SCOTTSDA	LE ROAD SUITE 2000		
_	address (if different):				
4. Date of inco	poration/qualification: 11/19/	1987	Document number: N235	560	
	nd street address of the current repartment of State: (If resigned, enti- NRAI SERVICES, INC		and registered office on file	with the	
	1200 SOUTH PINE ISLAND	D ROAD			
	PLANTATION		FL 33324	2022	
6. The name an (if changed):	d street address of the new regist			12	HAISION OF CORPORATION
	155 Office Plaza Dr		Suite A	- At 10:	
		PO. Box NOT	acceptable		i in
	Tallahassee	FL	32301	<b>-</b>	~
as changed will	ess of its registered office and the identical.  as authorized by resolution duly the board, or the corporation has				
va. 0.	-1		iyn Wright, Assistant Secretary		
1	ur of an officer of director  the appointment as registered of to comply with the provisions of the first familiar with and accept ing filed merely to reflect a char is been notified in writing of this		Finnled or byped name and	Tille	
Hod	Marzin NI	01	/12/2022		
Signing on be	nature of Resistent Agent half of an entity:		Date		
Mackenzie Hart.	Assistant 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
CRZE045 (04/13)