

PD30000 15802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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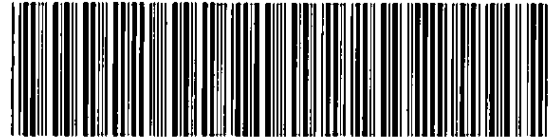
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Digital Brainchild Inc.
Name of Corporation

DOCUMENT NUMBER: P03000015802

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:

Christopher M. Perry
Name of Contact Person

Digital Brainchild Inc.
Firm/Company

240 Spring Water Lane
Address

Knoxville, TN 37934
City/State and Zip Code

chris@digitalbrainchild.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Perry at *(813) 629-9500*
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Digital Brainchild Inc.
2. The principal office address: 240 Spring Water Lane
Knoxville, TN 37934
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 2/04/2003 Document number: P03000015802
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

christopher M. Perry
5502 Golden Isles Dr.
Apollo Beach, FL 33572

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kristin Assis
6721 NW 26th Ave.
P.O. Box NOT acceptable
Fort Lauderdale, FL 33309

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Christopher M. Perry
Signature of an officer or director

Christopher M. Perry
Printed or typed name and title

Principal

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kristin Assis
Signature of Registered Agent

2/23/2020
Date

If signing on behalf of an entity:

Kristin Assis
Typed 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)

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DIVISION OF CORPORATIONS
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