

To:

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2024-04-01 09:17:17 CDT

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From: Avi Weiss

4/1/24, 9:55 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

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Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
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\*\*Enter 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  
AGAINST ME! INCORPORATED

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Corporate Filing Menu

A. RAMSEY

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APR 2, 2024

# 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: AGAINST ME! INCORPORATED
2. The principal office address: 2630 Elm Hill Pike, Suite 125, Nashville, TN 37214
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/07/2003 Document number: P03000038847
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)

Laura Jane Grace Gabel

419 NW 4th Ave

Gainesville, FL 32601

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

Registered Agent Solutions, Inc.

2894 Remington Green Ln., Ste. A

P.O. Box NOT acceptable

Tallahassee, FL 32308

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.

/s/ Laura Jane Grace Gabel

Signature of an officer or director

Laura Jane Grace Gabel, DIRECTOR

Printed or typed name and title

*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.*

/s/ AVI WEISS

Signature of Registered Agent

4/1/2024

Date

If signing on behalf of an entity:

AVI WEISS, ASSISTANT SECRETARY

Typed or Printed Name

FILED  
2024 MAR 29 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA