

PO300096966
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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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 filing annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
 REGIONS FACILITY SERVICES, INC.**

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

FILED
 2022 JUL 22 AM 10:56
 SECRETARY OF STATE
 TALLAHASSEE, FL

RECEIVED
 2022 JUL 22 PM 3:44
 TALLAHASSEE, FL

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JUL 25 2022

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Corporate Filing Menu

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**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: Regions Facility Services, Inc.
2. The principal office address: 2314 Circuit Way
Brooksville FL 34604
3. The mailing address (if different): 2314 Circuit Way Brooksville FL 34604
4. Date of incorporation/qualification: 09/04/03 Document number: P03000096966
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)

WILHITE, RONALD T

2314 CIRCUIT WAY

BROOKSVILLE, FL 34604

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

Northwest Registered Agent LLC

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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TALLAHASSEE, FL

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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.

Ronald T Wilhite

Signature of an officer or director

Ronald T Wilhite, CEO

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.*

Tom Glover

Signature of Registered Agent

07/22/22

Date

If signing on behalf of an entity:

Tom Glover

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE