P03000091966

(Re	equestor's Name)				
(Address)					
(Ad	ldress)	<u> </u>			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

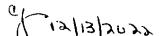




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2022 SEP 13 AM 7: 36
SECRED YOF STATE



COVERLETTER

TO: Amendment Section Division of Corporations	er.			
SUBJECT: Regions Facility Services, INC. Name of Corporation				
DOCUMENT NUMBER:				
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
Ronald T. Wilhite				
Name of Contact Person Regions Facility Serivces, INC.	 ·			
Firm/Company 2314 Circuit Way				
Address Brooksville, FL 34604				
City/State and Zip Code ron.wilhite@Rfsrenowates.co	om			
E-mail address: (to be used for future annua	nl report notification)			
For further information concerning this matter,	please call:			
Ronald Wilhite	31 (844 737-7366			
Name of Contact Person	at (844 737-7366 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the	: Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted	I for a corporation of	.0502, 607.1508, or 617.15 rganized under the laws of gistered agent, or both, in	the State of FLO	DRIDA	_
		REGIONS FACILIT				
Brooksville, Fl.					_	_
4. Date of incorp	Date of incorporation/qualification: 09/04/2003 Document number: P0300009				6966 	
		of the current register (If resigned, enter res	red agent and registered off signed)	fice on file with th	ie	
	Northwest Re	egistered Agent LLC		SE.	20	
	7901 4th Street N ST	TE 300	-	ALL	2022 SEP 13	n
	St. Petersburg,	, FL 33702		74.47 14.47	P 13	1241 1241
6. The name and (if changed):	street address o	of the new registered	agent (if changed) and /or	registered affice	AH 7:3	n J
	Wilhite, Ron	iald T.		L	36	
	2314 Circuit	Way				
	Brooksville.		O. Box NOT acceptable			
The street addre	ess of its registe be identical.	red office and the st	reet address of the busines	ss office of its reg	gistered age	ent,
Such change wa authorized by th	is authorized by ie board, or the	resolution duly ado corporation has been	opted by its board of direct in notified in writing of the	tors or by an office change.	er so	
	_		Carl H. Bolter	President		
\mathcal{O}	re of an officer or dire			yped name and title		_
A furthér aorée i	o woman with t	the provisions of all	at and agree to act in this of statutes relative to the pro- obligation of my position in the registered office add inge.	oner and connlet	e performa ent. Or, if onfirm that	nce this the
	<i>[[]-</i>		08/18/2022			
Little Market	nature of Registered a	Agent		Date		_
If signing on be	half of an entity	/ :				
Ronald T. Wil	thite					
	sped or Printed Name					

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