Division of Corporations **Electronic Filing Cover Sheet**

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(((H23000144142 3)))



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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 business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE ALEXANDER MURRAY & CO, INC.

Certificate of Status	U
Certified Copy	0
Page Count	01
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Help

COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

Name of Contact Person Area Code & Daytime Telephone	Number
Mary Castillo Name of Contact Person at (888 705-7274 Area Code & Daytime Telephone	. n
For further information concerning this matter, please call:	
	,
E-mail address: (to be used for future annual report notification)	_ -
City/State and Zip Code	
Austin, Texas 78735	وشا
Address	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Firm/Company	
Registered Agent Solutions, Inc.	
Mary Castillo Name of Contact Person	
Please return all correspondence concerning this matter to the following:	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
DOCUMENT NUMBER: P03000131363	
Name of Corporation	
SUBJECT: Alexander Murray & Co, Inc.	
A LOVORDOR NATIONALY LOO 190	

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/L3)

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpora r to change its registered offic	ution organized u	nder the la	iws of the State (_{of} <u>Florida</u>
	the corporation: Alexande office address: 1699 WA				RA, CA 93003
	ddress (if different): 4744 T				
4. Date of incorp	poration/qualification: 11/1	3/2003	Document	number: P03	000131363
	I street address of the current nament of State: (If resigned, en		nd register	red office on file	with the
	GLOBAL CORP 7920 ROYAL LACE TE		SERV	ICES, IN	<u>C.</u>
	LAKE WORTH		FL	33467	
6. The name and (if changed):	Registered Ager	nt Solutio	·	C	office :
	Tallahassee	P.O. Box NOT a			·
as changed will	ess of its registered office and be identical, as authorized by resolution du he board, or the corporation ha				•
1st News Go	odwell	Nev	vt God	dwell	CFO
Signatu L hereby accept L further agree t of my duties, an document is bei corporation has	the appointment as registered the appointment as registered to comply with the provisions of I am familiar with and acceuse filed merely to reflect a chibeen notified in writing of the completed with the completed of the completed with the completed in writing of the completed with the completed in writing of the completed with the completed with the completed with the completed with the complete completed with the complete completed with the complete completed with the complete complete complete completed with the complete comp	I agent and agree of all statutes rept the obligation ange in the regis is change.	rii e to act in lative to t i of mv po tered offi	ited or typed name and this capacity, he proper and consistent sitton as registe we address. I her	
	nature of Registered Agent	04	/18/20)23 _{Date}	
·	half of an entity:				
	r, Assistant Secretary				
	ped or Printed Name				
	* * * FI	LING FEE: \$3	5.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)