Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000402755 3)))



H220004027553ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

Fax Number

: (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

REGISTERED AGENT CHANGE CWORTHY SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. RAMSEY

DEC -2 2022

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000402755 3)))

(((H22000402755 3)))

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CWORTHY SYSTEMS, INC.	
Name of Corporation	
DOCUMENT NUMBER: P04000076024	
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
LOVETTE DOBSON	
Name of Contact Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.	COM
E-mail address: (to be used for future an	inual report notification)
For further information concerning this mat	ter, please call:
LOVETTE DOBSON	at (888)462-3453 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Davtime 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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

(((H22000402755 3)))

statement of cha	provisions of sections 607.0502, 617.050 tnye is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State of <u></u>	Porida	
	the corporation: CWORTHY SYSTEMS,			
	office address: 395 CARISSA DR., SATE			
3. The mailing a	address (if different): 395 CARISSA DR.,	SATELLITE BEACH, FL 32937		
4. Date of incom	poration/qualification: 05/11/2004	Document number: P0400007	6024	
5. The name and	d street address of the current registered attreet of State: (If resigned, enter resign	agent and registered office on file wit		
	KRASNY, SCOTT ESQ.		,	
	304 S. HARBOR CITY BLVD., STE. 20	1	`	
	MELBOURNE, FL 32901			
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered off	ice	·,
	REPUBLIC REGISTERED AGENT LLC	C		ı J
	1150 NW 72nd Ave Tower I Stc 455		17	,
	P.O. Be	DX NOT acceptable		
	Miami, FL 33126			
The street addr as changed will	ess of its registered office and the street be identical.	t address of the business office of its	s registered agent,	
Such change wanthorized by the	as authorized by resolution duly adopte he board, or the corporation has been n	d by its board of directors or by an otified in writing of the change.	officer so	
Esie	DThustoson	ERIC D THOSTESON, President Printed or typed name and in	2822 NOV	
I further agrée of my duties, ar document is be	the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in to s been notified in writing of this change	tutes relative to the proper and com ligation of my position as registered he registered office address, I hereb	: ω uplete performance I agent. Or, if this ry confirm that the	
Land.	Ho Doham	11/29/2022	π Φ	
Sig	gnature of Registered Agent	Date	<u>_</u> -	
If signing on be	chalf of an entity:			
LOVETTE DOE	BSON			
	yped 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)