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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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REGISTERED AGENT CHANGE **S5 GROUP INC**

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S. YOUNG

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Help

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

statement of ch	ange is submitted for a corporation org	0502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of	-
1. The name of	the corporation: S5 Group Inc		
2. The principa	l office address: 9900 W SAMPLE RD:	SUITE 300	
CORAL SPI	RINGS, FL 33065		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 07/29/2005	Document number: P05000106013	
	nd street address of the current registere artment of State: (If resigned, enter resigned	d agent and registered office on file with the gned)	
	Ferguson, Thomas J. J., V		19
	1440 CORAL RIDGE DR#405		JAN
	CORAL SPRINGS, FL 33071		30
6. The name an (if changed):		igent (if changed) and /or registered office	₩ %
	Registered Agents Inc.		=
	7901 4th St N STE 300		
	P.O. Box N	NOT acceptable	
	St. Petersburg FL 33702	 	
The street addr	ress of its registered office and the stre I be identical.	eet address of the business office of its registered age	:nt,
Such change wauthorized by t	as authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
Thom	as Ferguson	Thomas Ferguson, President Printed or typed name and title	
performance of agent. Or, if th	t the appointment as registered agent to comply with the provisions of all st f my duties, and I am familiar with an his document is being filed merely to r n that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address. I	
Bee Han	ne	1/30/19	
Sig	gnature of Registered Agent	Date	-
If signing on bo	ehalf of an entity:		
Bill Havre	P		
i	Typed or Printed Name	CEV. 615 00 * * =	
	" " " FILL!YG !	FEE: \$35.00 * * *	

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Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)