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.

(((H22000208150 3)))



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

7	t	_
•	>	 - -
_	•	_
•	_	•
٤		-

		DECISTEDED ACENT CHANCE	FE	ယ ယ
_			HO HO HO HO HO HO HO HO HO HO HO HO HO H	Ari 9
	Citi	adii Addi ess.	r Žistos	700
	Em	aail Address:	37.7	വ
20	ဟာ	mual report mailings. Enter only one email address please.	== :	
2022 JUN 15		the email address for this business entity to be used for functional report mailings. Enter only one email address please.**		KIOL
\equiv	:		是是	2 J
20		,		2022
5		Fax Number : (888)706-7274	ro	~
		Phone : (888)705-7274		
₹	*-	Account Number : I20100000062		
AM II:	T Our.	Account Name : REGISTERED AGENT SOLUTIONS INC		
	. <u>.</u> . . • From:			
46		Fax Number : (850)617-6380		
		Division of Corporations .		
	To:			

A. HARTRODT AMERICA, INC.

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

A. BUTLER
JUN 16 2022

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

A. HARTRODT AMERICA, INC. Name of Corporation P05000146669 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy at (888) 705-7274 Area Code & Daytime Telephone Number Name of Contact Person

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

•	provisions of sections 607.0502, 617 nge is submitted for a corporation o					
	r to change its registered office or re					
1. The name of t	he corporation: A. HARTRODT	AMERIC	CA, INC	D		
2. The principal	office address: 777 SUNRISE	HIGHW	AY_LY	NBROOK, N	NY 11563	3
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>.</u>		
_	ddress (if different):					
4. Date of incorp	poration/qualification: 11/1/2005	D	ocument	number: P0500	0146669	
	street address of the current register timent of State: (If resigned, enter res	•	d registere	ed office on file w	ith the	
	BLUMBERGEXCELSIOR CO	ORPORA	TE SER	VICES, INC.	_	
	155 OFFICE PLAZA DRIVE,	•	1ST I	FLOOR		
	TALLAHASSEE		FL	32301	_	
6. The name and (if changed):	Registered Agent Solu			d /or registered of	fice _	
	155 Office Plaza Dr.	St	uite A		<u>sa</u> (20
	Tallahassee	O, Box NOT acc	cptable 3230	4	17.CK	2022 JUN
		<u> </u>			<u></u>	
The street addre as changed will	ess of its registered office and the st be identical.	reet address	of the bu	isiness office of i	ts registered	agent,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its in notified in	board of o	directors or by an of the change.	officer so	FF 9: 1
⊌ Mark		Mark			Authorized	d ≥e rson
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar wilh and accept the ng filed merely to reflect a change is been notified in writing of this cha	statutes reli obligation in the regist	to act in ative to th of my pos	ie proper and con lition as registere	nplete perfor ed agent. Or,	mance if this at the
Mackey	<u> </u>	06/	15/2022	Date Date		
_	half of an entity:			Dat		
Ç 5	Assistant Secretary					
	sped or Printed Name					
	* * * FILING	G 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)