

P06 000120435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

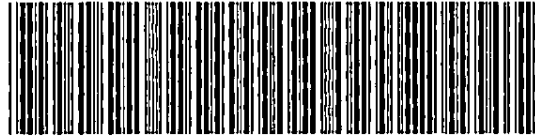
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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AUG 15 2021

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Digital Stream Solutions, Inc
Name of Corporation

DOCUMENT NUMBER: P06000120435

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:

Michael Lawless
Name of Contact Person

Digital Stream Solutions, Inc
Firm/Company

391 Honeysuckle Ln
Address

Crossville, TN 38572
City/State and Zip Code

thelawless@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lawless at (727) 510-3816
Name of Contact Person Area Code & Daytime 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Digital Stream Solutions, Inc
2. The principal office address: 7901 4th St N STE 300
St. Petersburg FL
3. The mailing address (if different): 391 Honeysuckle Ln
Crossville, TN 38572
4. Date of incorporation/qualification: 9/19/2006 Document number: P06000120435
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LAWLESS, MICHAEL

7583 Tuscan Bay Circle

Wesley Chapel, FL 33545

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Northwest Registered Agent LLC

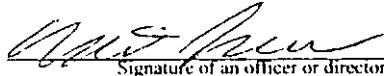
7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michael Lawless, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

7/20/2021

Date

If signing on behalf of an entity:

Tom Glover

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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STATE DEPT OF STATE
TALLAHASSEE, FL

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