## **Division of Corporations** Electronic Filing Cover Sheet

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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 CORE COMPUTING SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: CORE COMPUTATION Name of Corporation	TING SOLUTIONS, I	NC.
DOCUMENT NUMBER: P0700	0028593	
The enclosed Statement of Change of Regist	tered Office/Agent and fee are submitte	d for filing.
Please return all correspondence concerning	this matter to the following:	2024 SEI
Alicia Richards		2024 JAN 11 AN 10: 36 SECRETARY SEE, FL
Name of Contact Person	<del></del>	芸二十
Registered Agent Solutions, Inc.		P ≺ 2
Firm/Company	·	
Corporate Center One, 5301 Southwest Pkwy, S	te 400	
Address		구축 용
Austin, Texas 78735		
City/State and Zip Code		
E-mail address: (to be used for future and	nual report notification)	<del></del>
For further information concerning this matt	er, please call:	
Alicia Richards	at ( 888 ) 705-7274 Area Code & Daytime	
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	Street Address: Amendment Section	

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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STATEMENT OF CHANGE OF REGISTERED	OFFICE OR REGISTERED AGENT OR BOTI	H
FOR CORPORATIONS		

statement of cha	provisions of sections 607,050 nge is submitted for a corpora r to change its registered offic	tion organized und	er the lav	ws of the State of _	Florida
2. The principal	he corporation: <u>CORE C</u> office address: <u>4685 Sur</u> DNVILLE, FL 3225	nbeam Roa			INC.
_	ddress (if different): $\frac{16525}{3/5/2}$ for at ion/qualification:			Portland, Conumber: P070	
5. The name and	I street address of the current retinent of State: (If resigned, en CURLEY, CHA 1301 RIVERPLACE BL JACKSONVILLE	egistered agent and iter resigned) ARLES RJ	registere		S M
6. The name and (if changed):	Registered Ager 2894 Remington G Tallahassee	nt Solutions	s, Inc	).	ice
as changed will	ss of its registered office and be identical. s authorized by resolution du e board, or the corporation ha				•
•	e of an officer or director			ed or typed name and tit	
corporation nas	the appointment as registered of comply with the provisions of am familiar with and accept field merely to reflect a character of the characte	i agent and agree of all statutes rela- pt the obligation of ange in the registe is change.	o uce in t tive to th f mv post red offici	oas capacity, e proper and com ition as registered e address. I hereb	plete performance Lagent, Or, if this y confirm that the
	مان خال	01/	11/20	24	
If signing on bel	nature of Registered Agent half of an entity: r. Assistant Secretary			Date	
	ped or Printed Name				
·	•	LING FEE: \$35.0	0 * * *		

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