P09000000034

(Requestor's Name)
(Address)
	Address)
(6	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



800352221268

-12/31/20--01030--007 **25.00-

10/01/20--01030--007 **35.00

2020 OCT -1 PM 4: 03
SECRETARY OF STATE
TALLAHASSEE, F)

020 OCT -1 PH 4: 00

11/10/20





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: September 29, 2020

Order#: 356589/004

Re: SCRIBE SOLUTIONS, INC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX __ File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607.0302, inge is submitted for a corporation in the section of the sec	on organized under the la	ws of the State of	Florida		-
	r to change its registered office o		in, in the State of I	riorida.		
1. The name of t	he corporation: SCRIBE SOLUT	IONS, INC.				
2. The principal	office address: 7751 BELFORT	PARKWAY STE. 150 JA	CKSONVILLE, FI	L 32256		_
3. The mailing a	ddress (if different):					<u> </u>
4. Date of incorp	oration/qualification: 12/31/20	08 Document	number:P09000	0000034		
	street address of the current regitment of State: (If resigned, enter	-	ed office on file w	ith the		
	Averitt, Barry			_		
	3010 South 3rd Street Suite B			_ ഗ	20	
	Jacksonville Beach, FL 32250			TAL	ZÓ 00	
6. The name and (if changed):	street address of the new registe	ered agent (if changed) an	d /or registered of	TARY LARRY	<u>1</u> -	(T
	Corporation Service Company			- 1938 - 1938 - 1938	PH	
	1201 Hays Street			STATE	կ։ 03	4000
		P.O. Box NOT acceptable		_ 111	w	
	Tallahassee	FL	32301	_		
The street addre	ss of its registered office and the be identical.	e street address of the bu	isiness office of it	ts registere	:d ager	ı t ,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of been notified in writing	directors or by an of the change.	officer so		
A!	f,	Kim Thorpe, S	r. VP			
Signatui	e of an officer or director	•	ted or typed name and ti	itie		-
I further agree t of my duties, an document is bei corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	gent and agree to act in all statutes relative to th the obligation of my pos ge in the registered offic change.	this capacity, he proper and con hition as registere he address, I herel	nplete perf d agent. O by confirm	forman)r, if th that ti	ice us he
	Service Company	09/25/2	020			
By: I ho	nature of Registered Agent	_	Date			-
If signing on bel	nalf of an entity:					
Grace E. Kirby, A	Asst. Vice President					
Ty	ped 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)

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

statement of cha	provisions of sections 607.0302, 61 inge is submitted for a corporation ir to change its registered office or i	organized under the lav	vs of the State of	Florida	
	the corporation: SCRIBE SOLUTIO	•			
2. The principal	office address: 7751 BELFORT PA	ARKWAY STE. 150 JAC	CKSONVILLE, FL	L 32256	_
3. The mailing a	address (if different):				<u> </u>
4. Date of incom	poration/qualification: 12/31/2008	Document r	numb er.	0000034	
	d street address of the current register trnent of State: (If resigned, enter re		d office on file wi	ith the	
	Averitt, Barry			., ~	
	3010 South 3rd Street Suite B			2020 OCT - SECRETAI TALLAH	
	Jacksonville Beach, FL 32250			TAH LAH	
6. The name and (if changed):	l street address of the new registere	d agent (if changed) and	l /or registered of	- 漢字 -	M
	Corporation Service Company			17ATE	
	1201 Hays Street			rn w	
	F	P.O. Box NOT acceptable		-	
	Tallahassee	FL	32301	_	
The street addre as changed will	ess of its registered office and the s be identical.	street address of the bus	siness office of it	s registered age	ent,
Such change wa authorized by th	is authorized by resolution duly ac ne board or the corporation has be	lopted by its board of d en notified in writing o	irectors or by an of the change.	officer so	
Air	11-	Kim Thorpe , Sr	. VP		
	e of an officer or director		of or typed name and to		_
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in t ll statutes relative to the le obligation of my posi in the registered office ange.	his capacity. e proper and com ition as registered e address, I hereb	nplete performa d agent. Or, if by confirm that	nce this the
- ' <i>Y</i>	Service Company	09/25/20)20		
	nature of Registered Agent	-	Date		_
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ty	ped 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)