P10000029314

(Requestor's Name)
(Address)
(Address)
(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



000388839140

2022 SEP 27 AM 10: 48



SEP 28 2022

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 962191 8387696							
AUTHORIZATION : 962191-8387696							
COST LIMIT : \$ 35.00							
ORDER DATE : September 19, 2022							
ORDER TIME : 2:33 PM							
ORDER NO. : 962191-001							
CUSTOMER NO: 8387696							
CHANGE OF AGENT							
NAME DEPOTED HOLDINGS INC							
NAME: EVERISE HOLDINGS, INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXT#							
EXAMINER:							

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

statement of cha	provisions of sections 607.0502, 617. Inge is submitted for a corporation or	ganized under the lav	vs of the State of	r_FL		
	r to change its registered office or reg	•	n, in the state of	rioriaa.		
1. The name of t	he corporation: EVERISE HOLDING	and Suite 320 Plants	etion El 33324			
2. The principal	office address: 600 N. Pine Island Ro	Jau, Suite 320 Flatite	311011, 1 L 33324		<u> </u>	
3. The mailing a	ddress (if different):	_				
4. Date of incorporation/qualification: 04/01/2010 Document number: P10000029314						
	I street address of the current register tment of State: (If resigned, enter res		d office on file v	vith the		
	NRAI SERVICES, INC			7.1 {}11	202	
	1200 South Pine Island Rd				2 SEP	
	Plantation	FL	33324	:	27	
6. The name and (if changed):	street address of the new registered	agent (if changed) and	d/or registered o	office S	4H 10: 48	
	Corporation Service Company			— r=	Φ	
	1201 Hays Street					
	P.O. Box NOT acceptable			_		
	Tallahassee	FL	32301	_		
The street addre as changed will	ess of its registered office and the str be identical.	eet address of the bu	siness office of	its regist	ered ag	gent,
Such change wa authorized by th	is authorized by resolution duly ado be board, or the corporation has been)	pted by its board of d i notified in writing o	lirectors or by a fifthe change.	n officer	SO	
X	xie & agni	JILL CILMI			PRES	SIDENT
~ ~ ~	e of an officer or director		ed or typed name and	title		
I further agree to of my duties, an document is beil corporation has	the appointment as registered agent to comply with the provisions of all stated and accept the state and this chart been notified in writing of this chart Service Company	statutes relative to the obligation of my posi of the registered office	e proper and co ition as revister	ed avent.	. Or. ii	t this
nl L	ice Cokuble	09/27/2022				
Sigi	nature of Registered Agent		Date			
If signing on be	half of an entity:					
GRACE E. KIRE	BY, ASST. VICE PRESIDENT					
Ty	ped or Printed Name					

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