

P11 000010890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

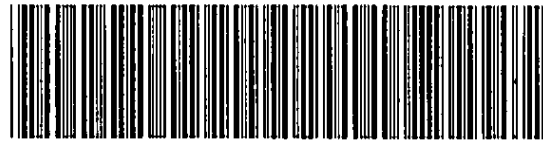
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2020 MAR -2 PM 3:14

GM
3/16/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Registered Agent
Name of Corporation _____

DOCUMENT NUMBER: P11000010890

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:

Mintu Bachann

Name of Contact Person

Fynsaas Financials Inc.

Firm/Company

141 Mill Cove Lane

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

zane@cloudecision.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mintu Bachann

Name of Contact Person

at (888) 992-6462
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: Fynsaas Financials, Inc.
2. The principal office address: 8131 Baymeadows Circle Road, West
Jacksonville, FL 32256
3. The mailing address (if different): 141 Mill Cove Lane, Ponte Vedra Beach, FL 32082
4. Date of incorporation/qualification: 2/1/2011 Document number: P11000010890
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)

Mintu Bachann

5575 S. SEMORAN BLVD.SUITE 36ORLANDO., FL 32822

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

Mary L. Quinn

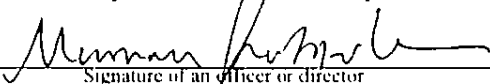
13531 Isla Vista Dr

P.O. Box NOT acceptable

Jacksonville, FL 32224

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

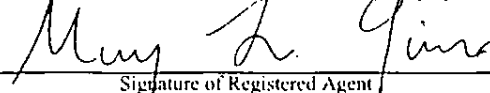
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Dr. Mannan Razzak, 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

2/17/2020
Date

If signing on behalf of an entity:

Typed 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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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