To:

## Florida Department of State Provision of Corporations Processor of State Processor

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INFINITY PROFESSIONAL SERVICES GROUP INC.

Account Number: I20140000100

Phone : (855)450-4774

Fax Number : (855)450-7774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Bmail	Address:	<u> </u>
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## REGISTERED AGENT CHANGE REDEFY CORPORATION

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JUN 1 2 2020

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From: Brenda White

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

statement of cha	nge is submitted	for a corporation orga	i02, 607.1508, or 617.1508, Florida Statutes, thi inized under the laws of the State of Florida stered agent, or both, in the State of Florida.	is 
1. The name of t	ha approprian:	Redefy Corporation		
2. The principal	office address:	2675 S. Abilene, Suite	215. Aurora, CO 80014	
3. The mailing a	ddress (if differ	ent): Same		
4. Date of incorp	Document number: P11000022519			
		of the current registered If resigned, enter resign	agent and registered office on file with the ned)	
	Rachelle Arben	man		202
	11932 Fountain	Side Circle		NOF D
	Boynton Beach	FL 33437		_
6. The name and (if changed):		of the new registered ag	ent (if changed) and /or registered office	2020 JUN 11 PH 4: 57
	155 Office Plaz	a Drive, Suite A		
			Sox NOT acceptable	
	Tallahassee, FL	. 32301		
Such changed will Such change w authorized by t	be identical, as authorized by he board, or the	resolution duly adopt corporation has been t	et address of the business office of its registere ed by its board of directors or by an officer so notified in writing of the change.	
Christop	her Redig	~~	Christopher Rediger, President Printed or typed name and title	
I further agree of my duties, ar document is be	to comply with nd I am familiar ino filed merely	ina provisione of all th	and agree to act in this capacity. atutes relative to the proper and complete perj bligation of my position as registered agent. C the registered office address, I hereby confirm se.	formance )r, if this that the
()	1000		June 10, 2020	
— <u>— () Si</u>	gialule of Registered	Уйсія	Date	
If signing on bo	chalf of an entit	y:		
	, Assistant Secr			
ן	Typed or Printed Nan		FFF: \$35 (B) * * *	

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)