

PIZ000019044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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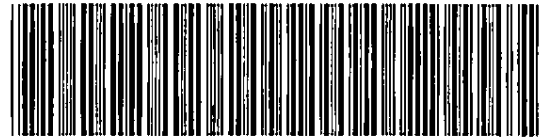
(Business Entity Name)

(Document Number)

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2021 APR 22 PM 1:00  
SECRETARY OF STATE  
FALLS CHURCH, VA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PAX Technology, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P12000019044

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:

Christy Tse

Name of Contact Person

PAX Technology, Inc.

Firm/Company

9838 Old Baymeadows Road #309

Address

Jacksonville, FL 32256

City/State and Zip Code

legalnotices@pax.us

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

For further information concerning this matter, please call:

Jade Allum

Name of Contact Person

at ( 508 )

566-4685

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: PAX Technology, Inc.

2. The principal office address: 9838 Old Baymeadows Road #309  
Jacksonville, FL 32256

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: February 24, 2012 Document number: P12000019044

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)

9838 Old Baymeadows Road #309

Jacksonville, FL 32256

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

8880 Freedom Crossing Trail, Building 400, Suite 300

P.O. Box NOT acceptable

Jacksonville, FL 32256

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.

Wunchun Chau  
Signature of an officer or director

Wunchun Chau CEO and 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.

Christy Tse  
Signature of Registered Agent

August 3, 2020

Date

If signing on behalf of an entity:

Christy Tse  
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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TALLAHASSEE, FL