P13000098065

(Requestor's Name)	
(Address)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Sasmosa Zinti, Italia)	
(Document Number)	
Certified Copies Certificates of Status _	
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: FirstMark Regulatory Solutions, Inc. Name of Corporation
DOCUMENT NUMBER: P13000098065
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:
Mitchell Atkins
Name of Contact Person
FirstMark Regulatory Solutions, Inc.
Firm/Company
2499 Glades Road, Ste. 101
Address Fl. 22424
Boca Raton, FL 33431
City/State and Zip Code
mitch@firstmarksolutions.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mitchell Atkins 948-6511
Mitchell Atkins at (561) 948-6511 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Statutes, ganized under the laws of the State of <mark>Florida</mark> istered agent, or both, in the State of Florida.	this
	the corporation: FirstMark Regulatory		
2. The principa	l office address: 2499 Glades Road, St	e. 101, Boca Raton, FL 33431	
3. The mailing	address (if different):		
4. Date of inco	poration/qualification: 12/09/2013	Document number: P13000098065	<u> </u>
	d street address of the current registered artment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	Mitchell Atkins		÷. ,
	2499 Glades Road, Ste. 10	1	
	Boca Raton, FL 33431		\$7 };
6. The name an (if changed):		gent (if changed) and /or registered office	
	Registered Agents Inc		
	7901 4th St N STE 300		
	St. Petersburg FL 33702	Box NOT acceptable	
The street addr as changed wil	ess of its registered office and the stre l be identical.	et address of the business office of its registe	ered agent.
Such change wauthorized by t	as authorized by resolution duly adopt he board, or the corporation has been	ted by its board of directors or by an officer anotified in writing of the change.	so
Tutul	Il Chair	Mitchell Atkins, President	
I hereby accept I further agree of my duties, a document is be corporation ha		Printed or typed name and title and agree to act in this capacity, attues relative to the proper and complete po- bligation of my position as registered agent, the registered office address. I hereby confi- ge.	erformance Or, if this om that the
Jana Jakob		12/30/2023	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
David Robe			
. •	Typed or Printed Name		
	* * * FILING I	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)