

P14000094205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

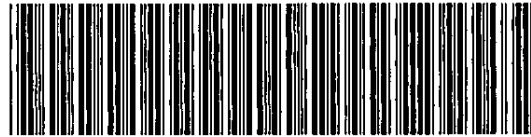
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400288865014

08/10/16--01006--008 **35.00

16 AUG 10 PM 9:33
STATE OF MISSISSIPPI
RECEIVED

AUG 22 2016
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Solution Designers, Inc.

Name of Corporation

DOCUMENT NUMBER: P14000094205

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:

Michael Hinrichsen

Name of Contact Person

Solution Designers, Inc.

Firm/Company

2030 Sunset Terrace Drive

Address

Orlando, FL 32825

City/State and Zip Code

mhinrichsen@sdesignit.com

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

For further information concerning this matter, please call:

Michael Hinrichsen

Name of Contact Person

at (912) 230-3627

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
16 AUG 17 AM 9:33

**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: Solution Designers, Inc.
2. The principal office address: 2030 Sunset Terrace Drive, Orlando, FL 32825

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/6/2004 Document number: P14000094205

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)

Hinrichsen, Michael

10155 Ridgebloom Ave

Orlando, FL 32829

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

Michael Hinrichsen

2030 Sunset Terrace Drive

P.O. Box NOT acceptable

Orlando, FL 32825

16 AUG 10 PM 9:34
STATE
DIVISION OF
CORPORATIONS

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

Michael Hinrichsen

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

08/04/2019

Date

If signing on behalf of an entity:

Michael Hinrichsen

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