

P14000100839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

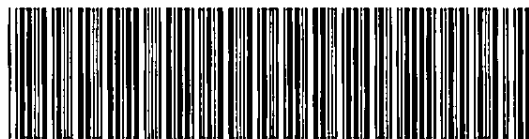
(Document Number)

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5/1/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2020

KATHLYN APOSTOLOS  
623 N. GRANDVIEW AVE, SUITE 101  
DAYTONA BEACH, FL 32118

SUBJECT: ADAPTIVESTACK TECHNOLOGIES, INC.  
Ref. Number: P14000100839

2020-03-21 4:10:51

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 320A00006352

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change Registered Agent  
Name of Corporation \_\_\_\_\_

**DOCUMENT NUMBER:** P14000100839 \_\_\_\_\_

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:

Kathlyn Apostolos \_\_\_\_\_

Name of Contact Person

Adaptivestack Technologies, Inc \_\_\_\_\_

Firm/Company

623 N. Grandview Ave, Suite 101 \_\_\_\_\_

Address

Daytona Beach, FL 32118 \_\_\_\_\_

City/State and Zip Code

kathlyn.apostolos@adaptivestack.com \_\_\_\_\_

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

For further information concerning this matter, please call:

Kathlyn Apostolos \_\_\_\_\_

Name of Contact Person

at (386) 6796546 \_\_\_\_\_

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: Adaptivestack Technologies, Inc
2. The principal office address: 623 N. Grandview Ave, Suite 101 Daytona Beach, FL 32118
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/07/2015 <sup>12/19/14</sup> Document number: P14000100839
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)

UNITED STATES CORPORATION AGENTS, INC

5575 S. SEMORAN BLVD, SUITE 36

ORLANDO, FL 32822

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

Kathlyn Apostolos

1215 S. Peninsula Dr.

P.O. Box NOT acceptable

Daytona Beach, FL 32118

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.

Kathlyn Apostolos  
Signature of an officer or director

\_\_\_\_\_  
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.*

Kathlyn Apostolos  
Signature of Registered Agent

March, 3, 2020

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Kathlyn Apostolos

\_\_\_\_\_  
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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