Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000228094 3)))



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS FILINGS

Account Number: 105256001620

Phone : (608)827-5300

Fax Number

: (608)827-5501

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

REGISTERED AGENT CHANGE FREE WEB SOLUTIONS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SEP 24 2015

C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit #H15000228094 3

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: FREE WEB SOLUTIONS Inc.	
2. The principal office address: 1270 SW 10th Ter, Deerfield Beach, FL 33441	
3. The mailing address (if different): 1270 SW 10th Ter, Deerfield Beach, FL 33441	_
4. Date of incorporation/qualification: 5/21/2015 Document number: P15000045756	_
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)	
BUSINESS FILINGS INCORPORATED	
515 E. PARK AVE	
TALLAHASSEE, FL 32301	~> ~>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	E SEP
Business Filings Incorporated 第四	ن
1200 South Pine Island Road	=
21.75	ά
Plantation, FL 33324	T.
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 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 exporation has been notified in writing of this change.	
9/22/2015	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Mark Williams, AVP 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

12) Fax Audit #H15000228094 3 CR2E045 (03/12)