Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

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REGISTERED AGENT CHANGE WEB SOLUTIONS FL INC

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

SHIKEE

COVER LETTER

TO: Amendment Section Division of Corporations

15129570210

SUBJECT: Web Solutions FL Inc		
Name of Corporation P 15000074168 DOCUMENT NUMBER:		
The enclosed Statement of Change of Registered Office/Ager	ent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	e following:	
Zachary Ysais		
Name of Contact Person		
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd. Suite 300		
Address		
Austin, Texas 78744		
City/State and Zip Code	2021 J	
E-mail address: (to be used for future annual report noti	22 22	
For further information concerning this matter, please call:	SSE PH	7
Zachary Ysais		••
Name of Contact Person	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

CR2E045 (04/13)

H21000030674 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o ir to change its registered office or re	rganized un	der the la	ws of the State of	Florida	
i. The name of	the corporation: Web Solutions	FL Inc				
2. The principal	office address: 12254 Satire S	treet O	RLAND	O, FL 3283	2	
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 9/3/2015	I	Document	number: P 150	00074168	
5. The name and	d street address of the current register trment of State: (If resigned, enter re-	red agent ar				
	FEIJAO GENARO, B	RUNO				
	12254 Satire Street					
	ORLANDO		FL	32832		
(if changed):	Registered Agent Solu		•	a /or registered o		
	155 Office Plaza Dr.	S	uite A			~>
	Tallahassee	O, Box NOT a	3230	1		021 JAN
The street addr as changed will	ess of its registered office and the silbe identical.	treet addres	s of the b	usiness office of	its registered	
Such change w authorized by t	as authorized by resolution duly ad- he board, or the corporation has bee	opted by its en notified	board of in writing	directors or by a of the change.	in officer so	SH C
151 Jacob Fr		J aco	b Fredi	ani ited or typod name and	Authorize	erson
I haraby accum	ire of an officer or director I the appointment as registered age; to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	nt and agre I statutes re e obligation in the regin ange.	e to act in	this conveits		rmance f if this hat the
Hod	martin of Registered Agent	01	/22/202	1		
57,	yamio or registrating an			Date	•	
If signing on be	chalf of an entity:					
	Assistant Secretary Typed or Printed Name					
'	* * * ETE 1N/	err.	5 BA * * *			

* * * 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)