

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350800541  
Phone : (813) 575-1333  
Fax Number : (813) 200-1050

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

Email Address: Maryrobinson1987@gmail.com

**REGISTERED AGENT CHANGE  
HIRIDGE SERVICES, INC.**

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

RECEIVED  
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TALLAHASSEE, FLORIDA

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Audit# H18000169042

**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: HIRIDGE SERVICES, INC.
2. The principal office address: 14020 MADISON  
WILLISTON, ND 58801
3. The mailing address (if different): PO BOX 11440  
WILLISTON, ND 58803
4. Date of incorporation/qualification: 10/29/2015 Document number: P15000088746
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)

COURTACCESS CENTERS OF AMERICA INC.3812 W LINEBAUGH AVE #102TAMPA, FL 33618

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

COURTACCESS CENTERS OF AMERICA INC.13046 RACE TRACK ROAD, 131

P.O. Box NOT acceptable

TAMPA, FL 33626

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.

DocuSigned by:



Signature of an officer or director

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MITCHEL ROBINSON, PRESIDENT

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.

DocuSigned by:



Signature of Registered Agent

478304E2EAF C490

06/03/2018

Date

If signing on behalf of an entity:

PRESIDENT

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 (03/12)

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS