

To:

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2024-10-11 18:50:40 GMT

10/10/2024 3:49 PM

From: John Gurt

10/10/24, 3:49 PM

PIS 000088746

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : COURTACCESS CENTERS, LLC  
Account Number : 075350000541  
Phone : (813)875-1333  
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: mary@hiridgeservices.com

FILED  
2024 OCT 11 AM 9:38  
TALLAHASSEE, FL

REGISTERED AGENT CHANGE  
HIRIDGE SERVICES, INC.

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

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Corporate Filing Menu

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Audit# H24000341128

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: 6201 W Murphy St BLDG 4, Odessa, TX 79763
3. The mailing address (if different): 602 Dimaggio Midland, TX 79706
4. Date of incorporation/qualification: 10/29/2015 Document number: PI5000088746
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 LLC

13046 RACE TRACK ROAD, 131

TAMPA, FL 3362

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

COURTACCESS CENTERS LLC

9241 BRINDLEWOOD DRIVE

P.O. Box NOT acceptable

ODESSA, FL 33556

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.

Signed by: [Signature]  
Signature of authorized person

MARILYN ROBINSON, SECRETARY

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]  
Signature of Registered Agent

10/11/2024

Date

If signing on behalf of an entity:

JOHN GURBA

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)

Audit# H24000341128