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(((H240003411283)))



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Division of Corporations

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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

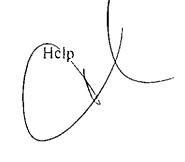
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## REGISTERED AGENT CHANGE HIRIDGE SERVICES, INC.

Certificate of Status	0
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## Audit# H24000341128

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chi	ange is submitted for a co	orporation organized	07,1508, or 617,1508, Florida $\S$ I under the laws of the State of $\frac{1}{2}$ I agent, or both, in the State of F	Florida
1. The name of	the corporation; HIRIDG	E SERVICES, INC		
2. The principal	office address: 6201 W.	Aurphy St BLDG 4, C	Odessa, TX 79763	
	address (if different):			<del></del>
			_ Document number: P1500008	38746
5. The name an		rent registered agent	t and registered office on file wi	
	COURTACCESS CENT	ERS LLC		
	13046 RACE TRACK R	OAD, 131		-
	TAMPA, FL 3362			26
6. The name an (if changed):	d street address of the ne	w registered agent (il	[changed] and /or registered off	2024 OCT 11 AM
	COURTACCESS CENT	ERS LLC		表。二 :
	9241 BRINDLEWOOD	DRIVE		
		P.O. Box NO	I accepuble	<b>ب</b> جات
	ODESSA, FL 33556			구 38
The street address changed will	ess of its registered offic be identical.	e and the street add	ress of the business office of ig	s registered agent,
Such change w authorized by the	as authorized by resolution board, or the corporat	on duly adopted by ion has been notifie	its board of directors or by an d in writing of the change.	officer so
	Mh		IARILYN ROBINSON, SECRET	'ARY
	ice or undergeleich Befreit bericht		Printed or typed name and til	
I hereby accept I further agree of my duties, ar document is be corporation ha		stered agent and ag sions of all statutes Laccept the obligate La change in the re g of this change.	ree to act in this capacity, relative to the proper and com ion of my position as registered gistered office address. I hereb	plete performance Lagent. Or, if this y confirm that the
(	Lolun d Gurba Tr		10/11/2024	
Sig	minited Resident y Sout		Date	
If signing on be	chalf of an entity:			
JOHN GURBA				
<u>1</u>	yped or Printed Name	··		
	*	* * FILING FEE: S	\$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)