

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE LAASER CRITICAL COMMUNICATIONS CORP.

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Help

C. GOLDEN

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

statement of ch	ange is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Floric organized under the laws of the State o egistered agent, or both, in the State o	of Florida
1. The name of	the corporation: LAASER CRITIC	CAL COMMUNICATIONS COR	P
2. The principal	Loffice address: 1478 NE 57TH S JDERDALE, FL 33334		
3. The mailing	address (if different):	· · · · · · · · · · · · · · · · · · ·	
4. Date of incor	poration/qualification: 06/10/2016	Document number: P160	00051039
	d street address of the current registe artment of State: (If resigned, enter re	ered agent and registered office on file signed)	with the
	MARLOWE, RONALD J		
	8166 WOODLAND CENTER	BLVD.	-
	TAMPA, FL 33614		office 7
6. The name an (if changed):	~	I agent (if changed) and /or registered	office File
	Registered Agents Inc.		<u> </u>
	3030 N. Rocky Point Dr.	STE 150A	_ O
		NOT acceptable	. +
	Tampa FL 33607	<u></u>	
The street addr as changed will	ess of its registered office and the state identical.	treet address of the business office of	fits registered agent,
Such change wauthovized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an notified in writing of the change.	an officer so
Jan Sirenati	uccol an othicer or director	Michael R Self, of Printed or typed home and	director / VP
I further agree performance of agent. Or, if th	t the appointment as registered ager to comply with the provisions of all f my duties, and I am familiar with a his document is being filed merely to that the corporation has been notif	statutes relative to the proper and c ind accept the obligation of my posit reflect a change in the registered of	omplete ion as registered fice address, I
Bel Hame		1/4/2018	
Signature of Registered Agent		Date	
	chalf of an entity:		
Bill Havre	Typed or Printed Name		
	••	G FEE: \$35.00 * * *	