Division of Corporations
Electronic Filing Cover Sheet

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To:	nistrial of a			
	Division of Corporations			
	Fax Number	: (850)617-6380		
			5', ~	
From:			76.J	
	Account Name	: LEGALINC CORPORATE SERVICES INC.		
	Account Number	: I20180000011	U.	
	Phone	: (844)386-0178		
	Fax Number	: (214)317-4754	1.	
		,	' `	
			<u> </u>	
ter the	email address fo	this business entity to be used for		
		Enter only one email address please.		

## REGISTERED AGENT CHANGE GOLDLEAF PARTNERS SERVICES, INC

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

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

•	•	2, 617.0502, 607.1508, or 617.1508, Fi tion organized under the laws of the St			
•	•	cion organized under the laws of the Sil For registered agent, or both, in the Sil	,		
1 777	the corporation: GOLDLEAF P	ARTNERS SERVICES, INC	•		
1. The name of t	8009 34TH AVE	ENUE SOUTH SUITE 320, BLOOMING	TON. MN 55425		
2. The principal	office address:				
3. The mailing a	iddress (if different):				
4. Date of incoη	poration/qualification: 07/06/2	Document number: Pl	7000057903		
	d street address of the current returnent of State: (If resigned, en	egistered agent and registered office on ter resigned)	file with the		
	C T Corporation System				
	660 SW 18TH ST		··········		
	BOCA RATON, FL 33486				
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registe	ered office		
	LEGALINC CORPORATE SE	RVICES INC.			
	5237 SUMMERLIN COMMONS BLVD, SUITE 400				
	FORT MYERS, FL 33907	P.O. Box NOT acceptable	DEC DEC		
The street address changed will	ess of its registered office and be identical.	the street address of the business offic	ce of its registered agent,		
Such change wa authorized by the	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or as been notified in writing of the chan	by an officer so		
Jose	ph Dansky.	Joseph Dansky, Secretary			
l further agree of my duties, ar document is be	to comply with the provisions ad I am familiar with and acce	I agent and agree to act in this capace of all statutes relative to the proper a pt the obligation of my position as regange in the registered office address, is change.	ity. Ind complete performance gistered agent. Or, if this		
$\langle \rangle$		12/4/2020			
Sig	nature Cl Registered Agent	Date			
If signing on be	chalf of an entity:				
Anna Manukyan	)				
T	yped or Printed Name				
	* ^ ^ FI	LING 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)