P11000057903

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(City/State/Zip/Phone #)				
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OCT 08 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 029148 8117066

AUTHORIZATION :

COST LIMIT : \\$\35.00

ORDER DATE : September 23, 2021

ORDER TIME : 9:40 AM

ORDER NO. : 029148-170

CUSTOMER NO: 8117066

CHANGE OF AGENT

NAME: GOLDLEAF PARTNERS SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of ch	ange is submitted for a corporation orga	, , , 		
	the corporation: GOLDLEAF PARTNER	tered agent, or both, in the State of Florida. S SERVICES, INC		
		OUTH SUITE 320, BLOOMINGTON, MN 5	55425	
3. The mailing a	address (if different): 200 Dryden Road /	Attn: Jessica Alley, Fairfield, NJ 07004		
4. Date of incor	poration/qualification: 07/06/2017	Document number: P17000057903	i	
5. The name and Florida Depa	d street address of the current registered a rtment of State: (If resigned, enter resign	agent and registered office on file with the ed)		
	LEGALINC CORPORATE SERVICES	S INC.	_	
	5237 SUMMERLIN COMMONS BLVD. SUITE 400 FORT MYERS, FL 33907			
	FORT MYERS, FL 33907			
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office.	7 AH S	
	Corporation Service Company	<u>.</u>	· =	
	1201 Hays Street		10	
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registe	ered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer tified in writing of the change.	so	
	Lie E. Clenie	Jill Cilmi, Vice President		
• (e of an officer or director	Printed or typed name and title		
of my duties, an document is beil corporation has Corporation	Service Company	utes relative to the proper and complete pi igation of my position as registered agent, is registered office address. Thereby confi	erformance Or, if this rm that the	
— <i>j</i> .	se t-Kubi	10/06/2021		
	maure of Registered Agent half of an entity:	Date	_	
	Asst. Vice President			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *