

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

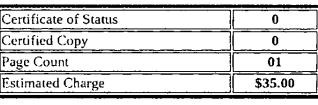
Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	_	_				

REGISTERED AGENT CHANGE CRITICAL DECISION SYSTEMS INC



FEB 2 0 2019

S. YOUNG

Electronic Filing Menu Corporate Filing Menu

Help

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

statement of change is submitted for a corporation organiz in order to change its registered office or registered	ed under the laws of the State of FLORIDA								
1. The name of the corporation: CRITICAL DECISION SYS									
2. The principal office address: 2044 MAPLECREST DR, DAYTON, OH 45409									
3. The mailing address (if different):									
4. Date of incorporation/qualification: 02/22/2018									
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned)									
LEGALINC CORPORATE SERVICES IN	c								
5237 SUMMERLIN COMMONS, S	SUITE 400 PLORIUM								
FORT MEYERS, FL 33907									
6. The name and street address of the new registered agent (if changed):									
Registered Agents Inc.									
7901 4th St N STE 300									
P.O. Box NOT ac	ceptable								
St. Petersburg FL 33702									
The street address of its registered office and the street ad as changed will be identical.	dress of the business office of its registered agent,								
Such change was authorized by resolution duly adopted be authorized by the board, or the corporation has been notif	y its board of directors or by an officer so led in writing of the change.								
	Riley Park/Authorized Representative for Directors								
Signature of an officer or director	Printed or typed name and title								
I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and accagent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in v	i a change in the registered office address, I								
Bee Home	02/18/2019								
Signature of Registered Agent	Date								
If signing on behalf of an entity:									
Bill Havre / Secretary									
Typed or Printed Name	\$25.00 * * *								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)